

THE AMERICAN JOURNAL OF NURSING

VOL. XVII

JUNE, 1917

No. 9

EDITORIAL COMMENT

THE PHILADELPHIA MEETINGS

The twentieth annual convention of the American Nurses' Association, held in Philadelphia for a week covering the last days of April and the first two of May, was an unusually serious one, as such a gathering must be when the country is at war. It seems fitting that this convention should have been held in a city of such historic associations and of such present-day patriotism as Philadelphia. The hospitality of the nurses of the city, heartfelt and gracious, upheld the traditions established by an earlier group when the Association met there in 1904. Not only the nurses of the city but many of the women's clubs were hostesses, as the pleasant afternoon teas were served by a different group of the latter women each day.

The attendance was very large, more than 1200 being registered, while, as is always the case, and in spite of the most assiduous efforts on the part of those in charge of the registration, hundreds came and went who did not register. Probably the attendance, all told, was between 1800 and 2000.

On the evening devoted to the Red Cross, the Academy of Music which holds 3000, was packed, the floor and three galleries being filled. When the great audience rose to sing the Star Spangled Banner and when it listened to the stirring addresses given by Miss Delano, Miss Noyes, Mr. Wadsworth and Mr. Wilson all hearts were filled with a desire to serve in this national crisis. This desire was put into words on the closing day of the convention, when Miss Riddle, as chairman of a committee appointed for that purpose, read resolutions addressed to the President, offering the services of the members in any way they are most needed. As many requests for copies of these resolutions have already been received, we reproduce them here.

WHEREAS, the lives of American citizens were jeopardized upon the high seas and even threatened in our beloved land, and

WHEREAS, the free public institutions with the blessings of liberty they secure to us and our posterity were endangered, and

WHEREAS, after the exercise of profound and long-suffering patience under duress, the President of these United States of America reluctantly admitted the existence of a state of war between our country and a foreign power, therefore be it

Resolved that this great body known as the American Nurses' Association, numbering forty thousand women, does hereby extend to the President of the United States its sympathy in his hour of trial and its confidence in his ability to guide us safely through this crisis, and be it further

Resolved that we pledge our best service to the nation wherever called upon to render it, either in home or foreign field, in the daily routine of civil or military hospital, or in the equally great effort to conserve, protect and strengthen the health and endurance of the citizen population, the men, women and children at home in our land.

Another resolution, offered on the first day by Miss Davis and also sent to the President, endorsed the principle of War Prohibition. The President has acknowledged these resolutions with an expression of appreciation to the senders.

The programme was full of interest, the sessions were well attended, and the round tables which were, as usual, in great demand, gave the needed opportunity for practical discussion of the subjects presented.

Mrs. Fox, the Association's parliamentarian, who was present, said on the last day that she had attended many conventions but never one where the delegates took their duties so seriously or where they worked so hard. The round tables on Parliamentary Law, voluntarily offered by Mrs. Fox, were much appreciated, while those bearing on Red Cross subjects and those on Reorganization, conducted by Miss Sly and Miss Deans were in such constant demand that the leaders had a hard-working convention. They were satisfactory, however, for those who came perplexed went away with a clear idea of what is to be done to bring all into a simpler organization.

Saturday afternoon brought the one relaxation of the week in the delightful trip to Valley Forge provided by the W. B. Saunders Publishing Company. The ride through the country in its garb of spring, the interest and beauty of the place itself, with its memories of courage and heroism, the historic relics, the patriotic addresses in the memorial chapel and finally the much appreciated luncheon provided by the Maryland State Association as its contribution to the entertainment of the nurses, made the occasion one to be long remembered.

The rest afforded by Sunday was also a grateful break in a busy week. Little groups of delegates were conducted to the churches of

their choice by some Philadelphia hostess in the morning, while in the afternoon there was opportunity to walk or ride about the city. Some even went off to Atlantic City for the day to rest beside the ocean.

The business sessions occupied but a small portion of the time of the delegates, as the most important questions had been decided last year and were now acted upon again in their final form as by-laws. The first new business of importance was the decision to incorporate under the laws of the District of Columbia, as it is impossible to secure a national charter while Congress is so occupied with war. The District laws had been found to give the needed latitude, the process of incorporation was a simple one and between the vote of the delegates and the close of the convention the deed was done. An unexpected change in the new membership clause was made necessary by applications for membership by nurses in Alaska and the Philippines. The words "members of state associations" are expanded to include not only state associations but associations in our territories, possessions or dependencies. Lastly, the greatly-desired interstate secretary has been secured for the period of one year, the greater part of her salary to be paid from the earnings of the JOURNAL, with a smaller contribution from the League.

When the subject of the Relief Fund was brought up, it was unanimously decided to retain the old name, leaving the McIsaac Fund as a separate one to be used as a loan fund in connection with the scholarships offered by the Robb Memorial Fund Committee and to be administered by that committee. Nurses who have been long interested in the Relief Fund will be sorry to hear of the resignation of its chairman, Mrs. Crass, who has held that position from the time the committee was formed and to whom much of the success of the Fund is due. Her residence in the state of Washington made her feel that it was wiser not to try to continue in office. Her successor is Miss Golding of New York, also an original member of the committee who is thoroughly familiar with the details of the work and who, like Mrs. Crass, has its interest at heart. It is always refreshing to witness the enthusiasm with which pledges to this Fund are made. During the two short periods of receiving pledges over \$1200 were promised, which means that more can be done during the coming year to help nurses who need a lift over a difficult place.

A new feature was introduced into the pledging by Mrs. Warmuth of Philadelphia who resigned as a permanent member of the Association and pledged the amount of her dues, \$2 a year, to the Relief Fund. The idea proved a popular one, for many followed her example until twenty-five had so resigned and so pledged.

One pleasant feature of the convention was the presence of four charter members, Misses Davis, Lucy Walker Donnell, Nutting and Maxwell. Indeed Miss Davis was present in the triple role of charter member, honorary member and delegate from the Massachusetts State Association. No one of the younger women was more alert, more helpful in her suggestions; no one of the older women was more honored. The editor-in-chief of the JOURNAL was not present, but was made an honorary member.

Cleveland was chosen as the meeting place for next year, although urgent invitations were received from Rhode Island, Georgia and Wisconsin.

During the convention three head nurses of base hospitals were called away, with their assistants, to mobilize their forces and proceed to their posts of duty.

At the Directors' meeting following the convention a new section was created on Legislation with Anna C. Jammé as chairman. The choice of an interstate secretary was put in the hands of a committee whose decision will be referred to by the directors at their fall meeting.

CONVENTION REPORTS AND PAPERS

Although the convention just closed was the twentieth annual one, it was the first real meeting of the American Nurses' Association as a whole since its affiliation with the League and the Public Health organization. The programme was presented in such a way that all sessions were joint sessions except those devoted to business, which were held separately. So far as was possible, each subject on the programme was presented in three aspects, a general one, a teaching one, and a public health one. In the past, the League has published its papers in its annual report, the Public Health organization has given a selection of its papers in the *Quarterly*, while the JOURNAL has published those which belonged to the American Nurses' Association in its narrower sense. This year, as it is impossible to rightly separate the papers and to decide which one belongs to which organization, this magazine as the official organ of the American Nurses' Association will publish the entire programme of the joint sessions as well as the proceedings of the American Nurses' Association. It will not publish the business reports of the League or of the Public Health organization nor the round tables. The other two affiliated associations will likewise have the entire programme at their disposal to publish as they see fit, as all the material of the convention belongs to each in equal measure, with the exceptions above noted.

Our method will be to publish the official proceedings in the July JOURNAL with the presidents' addresses and as many of the papers as the magazine can hold. The other papers will follow in August and September, as nearly as possible in their proper order. In this way our readers will have a complete record of the joint meetings of the convention in all of their aspects.

Although we have on hand a great quantity of accepted material of interest and value, we shall hold it all back until the convention papers have been presented. Secretaries of associations are asked to notice that no reports or news items will be published in the July JOURNAL and only those of vital importance in the magazines for August and September. The departments also will be omitted from the July number.

WAR PROHIBITION

The American Nurses' Association has gone on record as endorsing War Prohibition. Why should nurses be interested in this subject? Partly because they know the need of alcohol in their work in the composition of tinctures, in the manufacture of ether, as a local anaesthetic as fuel. Also, as citizens, they know that it is needed in the manufacture of explosives. The Committee on Wartime Prohibition tells us that when it is combined with kerosene, alcohol may be used instead of gasoline for motors. It is also used and needed in many industries, in the preparation of dye stuffs, in the manufacture of shellacs and varnishes. This committee goes on to make the plea that instead of closing the breweries and distilleries, we should transform them, that they should make alcohol still, not for the purpose of drink, but for filling these other needs. As we go to press it seems doubtful whether Congress is going to endorse prohibition; whether it does now or not, the question is bound to be brought up again and again until all the resources of the nation are used for human need and not for human indulgence, especially during the period of war.

STATE AFTER-CARE OF INFANTILE PARALYSIS CASES

By KATE BAKER, R.N.

Brooklyn, New York

Last summer when New York was visited by the epidemic of infantile paralysis the question uppermost in all our minds was: What can be done to help this harvest of cripples?

This was a tremendous question and instantly an active campaign was put into effect by the state to prevent as much permanent crippling and deformity as possible. As four thousand cases were reported in fifty counties, besides Kings and Queens, the problem demanded much thought and a large expenditure of time and money.

All epidemic work in New York State is handled according to a certain routine, that is, when a case is suspected or reported the local health officer if in doubt of his diagnosis, calls upon a state diagnostician to confirm his diagnosis and a record of the case is sent to the office in Albany. State supervising nurses, familiar with epidemic work, are when needed assigned to the infected area; in some centres where there are many cases, more than one nurse is necessary to inspect quarantines, and again, where the cases are scattered, she will have charge of these in several counties.

The duty of each nurse on arrival in any town to which she has been assigned is first to report to the sanitary supervisor and obtain a list of all the cases in his district. She visits each case not adequately supervised and reports whether quarantine is efficient, noting unsatisfactory conditions.

Recognizing the gravity of the situation last summer, the state appointed nurses to visit poliomyelitis cases in many counties to see that quarantine was observed; to search out contacts and notify the proper officials of cases in distress. Somewhat later was commenced the campaign of after-care by advising the parents of the little victims to be patient, trust their physician and not resort to quackery, as the state would provide orthopaedic surgeons to hold clinics in their town and give them the best of advice. It was sometimes almost impossible to make anxious mothers believe that waiting was the best policy.

In 1914, Vermont had suffered from an epidemic of poliomyelitis and Dr. Robert W. Lovett of Boston was engaged by that state to examine the cases after the acute stage and to suggest treatment which the attending physician would carry out. Under Dr. Lovett's method

of treatment many cases were greatly helped and he was therefore engaged for the work in New York State.

As soon as the dates for the first clinics were determined, state nurses were sent ahead as advance agents to prepare the field for the workers and supply the material. The first duty of these nurses was to receive from the State Department of Health a list of all cases, with the names of their physicians. Each physician was visited and permission asked to call upon his patients and invite them to the clinic. Sometimes twenty patients would have almost as many doctors and



MUSCLE TESTERS AT WORK.

to visit these was more than a day's work and the telephone proved most useful. Then the patients were called upon; even if they lived many miles out of town, conveyances were hired and the journey accomplished. As a rule the response from the people was wonderful, especially while the weather was good, about 95 per cent of all cases attending on Long Island and in Westchester County, the places where the first clinics were held.

Having secured the patients for the clinics, a place in which they could be held must be found. A great variety of rooms for this purpose has been utilized, including an Elks' hall, a Presbyterian parsonage, an opera house, a church, a city hall, a fire house, a parlor of a

hotel and many hospitals. Everywhere the clinic was welcomed and each town tried its best to meet all needs, though a complete equipment of sheets, blankets, pillows and other requisites was provided by the state and accompanied the workers. Local physicians, nurses and social workers were always invited to attend the clinics and many responded. If at a distance from a hotel a noonday repast was often provided, and always a luncheon for the little patients and their parents who traveled long distances and often had to wait for hours.

Dr. Lovett and his staff usually arrived at 9 a.m. when the clinics were started. As each patient entered, accompanied by his father or mother, a nurse recorded the name and a brief history of the case on the first of a set of charts prepared for the purpose. The child was then undressed and every muscle carefully tested by muscle trainers to determine what degree of paralysis existed. All this was recorded and then Dr. Lovett or the surgeons assisting him examined the case, demonstrating the same to the doctors present. If over five years old the patient was taken to the muscle testing table where an apparatus was applied which registered in pounds and ounces the working strength of each muscle tested. Measurements for braces, corsets, collars and other appliances necessary to overcome the effects of the deformity were made. When the physician in charge of the case was not present, a letter was sent him advising what extent of paralysis existed and treatment was prescribed. When exercises were ordered, the chief muscle trainer carefully explained the same to the mother, giving her also a written list of the exercises with instructions.

The State Charities Aid Association provided transportation to and from clinics and also supplied braces, corsets, etc., for those unable to pay. A representative of the association was present at each clinic to attend to these details.

Dr. Lovett believes that a moderate proportion of last year's cases are not yet ready for treatment other than recumbency, warm saline baths, gentle massage, exercises, etc. His experience in Vermont convinced him that with very small children little can be done so soon after the acute stage. The wisest plan seems to be to let them alone until they are old enough to cooperate with exercises. It is hard to make parents realize that rest is of more value in these first months than any other treatment. Muscle training in his opinion constitutes the most important of early therapeutic measures.

To provide a corps of workers expert in muscle training and testing, the state sent a number of graduate nurses from various hospitals to Boston for training in Dr. Lovett's methods. This course included work in the out-patient clinics of an orthopaedic hospital; a series of

lectures and discussions on muscle training by Wilhelmine Wright of Boston, and a special course in anatomy by a leading professor. At the completion of this course, the state assigned the workers to duty in the clinics where they had six weeks practical work under the supervision and instruction of the surgeon-in-charge, after which they were assigned to follow-up work of cases.

To give in brief a summary of Dr. Lovett's methods we will quote from his book.¹

Infantile paralysis is not to be considered a paralysis in the sense of a complete loss of power but a weakening of the affected muscles. . . . In the convalescent phase which will carry us practically two years from the onset there is no question of any operation and our efforts are concerned with the restoration of muscular power and the prevention of deformities. . . . Many muscles are weakened and some are wholly paralyzed because of injury to certain nerve centers; weakened muscles may be strengthened by muscular exercise, and in addition to this, impulses sent from the brain to the muscle may be trained to find new paths. This is because the communications between the nerve centers and the connections between the nerve centers and muscles are very extensive and intricate and because most often not all the centers controlling one muscle are wiped out.

Of course it is too early to determine the complete results of this treatment but already those who have come to subsequent clinics show marked improvement when instructions have been followed.

The first clinic was held October 17, 1916, at White Plains, New York; up to January 20 seventy-two clinics had been held with an attendance of 1891 patients. After November 8 the force was divided into Units A and B, each unit consisting of an orthopaedic surgeon, an executive nurse, a chief muscle-trainer and four assistants, two of whom were nurses who later would be assigned to follow-up work on these cases. Every patient who has attended clinics, for whom exercises or any treatment has been prescribed, will be visited by one of these nurses, who have been stationed at Mineola, White Plains, Poughkeepsie, Middletown, Syracuse, Albany, Watertown and Ithaca. Subsequent clinics will follow, the initial round having been concluded at Utica, January 20.

Many pathetic and distressing cases were daily presented, many who despaired of ever being helped were sent away reassured and hopeful. Cases where the paralysis was due to former epidemics were brought to the clinics and often operations were suggested that would enable the cripples to lead useful lives.

¹ *Infantile Paralysis*. Lovett.

VALUE OF SOCIAL ACTIVITIES IN NURSING EDUCATION¹

By AMY H. TRENCH, R.N.

New York, N. Y.

In considering the value of social activities in nursing education the subject can be looked at from two standpoints. First, the benefit the students derive both physically and mentally from participation in those social activities which are most congenial to them and which, therefore, give the most satisfactory relaxation necessary for their nursing life; second, the inestimable value obtained by the individual and the group from well directed social organizations which aid in development of character, promotion of group interests and efficiency in corporate work.

Play or recreation of one kind or another is considered in every public school, college and other institution working for the betterment and welfare of society. Definite consideration is given to the number of hours and kind of recreative activities fitted to the particular needs of the individuals being considered. This course is followed not only for the promotion and preservation of health but also as an aid to better mental development. Student nurses need specially planned recreative diversions to offset the more serious activities of their nursing life. Active recreation or play results in greater power and endurance and the students need this to carry them through the long working hours during which time they labor under unusually severe mental and physical strain.

The social activities of the home life are not introduced and fostered as they ought to be. New students are apt to be impressed with the idea that they must not put themselves forward in any way. The social privileges allowed are for the benefit of the older ones. In some schools traditional ideas of military discipline cause a decided line of demarcation, during the hours off duty, between the probationers and others, and between the junior, intermediate, and senior classes of the school. This system of class distinction reacts on the younger groups to the point of making them withdraw from social intercourse with others in the home. By the time these groups attain the ranks of intermediates and seniors, nearly all interests in social affairs has

¹ Read at the meeting of the New York State League of Nursing Education, October 19, 1917.

ceased. Class after class goes through a similar experience. At the end of three years of such a life the young nurses have lapsed into one-sided individuals, developed only for the actual nursing care of the sick. Their interest in others goes no further than among those engaged in, or allied to, the nursing profession. Most of these nurses leave the schools without any bonds of loyalty or duty to their alma mater.

From the standpoint of construction, many nursing schools are not fitted to provide the right social environment for their students. One large reception room is surely not sufficient to allow the different groups to carry on their special activities. As an educational center, responsible for the moral, intellectual, and physical development of the students, special thought should be given to that part of the educational scheme which provides for the recreative activities of the young women. A reading room at a reasonable distance from other rooms, a sitting room or two and a general reception room should not be too great a demand on an up-to-date nursing school. Some schools have the facilities but they are not used to the best advantage.

Other educational institutions for young women have long ago recognized the importance of social activities in the student's life. In most colleges social activities are controlled by the students, the institution having considered the home conditions so as to afford every opportunity. A small theater or concert hall forms part of the college buildings; rooms are available for receptions, dances and club gatherings; outdoor life is provided for by the college campus and the field for games; and in some localities, water sports are encouraged. Students are not expected to allow their social engagements to interfere with their college work and all entertainments given by the student classes or clubs have to be approved by the president's office. Some colleges set aside certain evenings for student social activities, such as lectures, plays and concerts, but in all of them social activities are provided for in one form or another.

In some colleges, the social life is made up in part of activities which center in the house in which the students live. Each house, for instance, makes something of Hallowe'en and Valentine's Day and observes other holidays much as a family might. In the second place, the social activities are expressed in their clubs, some of which are organized literary societies, some of which are departmental, some take care of the religious and philanthropic sides and some are designed for purely social purposes, as for instance, the clubs made up of students from different states. In the third place, there are certain social activities which include all the students. In one of the

well-known colleges the classes are divided alphabetically into four divisions. Each division gives one play a year. All four classes are divided into eight divisions, each of which gives an informal dance lasting from 7.30 to 9.30. Only the students are guests at these affairs. They have two functions during the year to which men may be invited, the Glee Club concert and the Junior Promenade. Another delightful piece of student social activity is the entertainment of the Freshman classes as they come in, and of the Seniors when they go out. Social activities are important in a college girl's life partly because they contribute to the pleasure of living, which is of itself important, and partly because they give training in social conventions, in ability to coöperate with other people, and in the competent handling of affairs.

Not only in the college do we find that this need is appreciated. The department stores are also doing all they can to promote efficiency and coöperation among their employees by encouraging group interests, and by well-organized social activities. They give every opportunity to their young people to have a good time in a wholesome, approved way. They believe that outside interests brought into the store life create an atmosphere of good fellowship and link the employees into a coöperative store family. The policy of one of the large stores regarding its employees is to have them as individuals, intelligent, loyal, and satisfied. In the reading room of the store daily papers and magazines are supplied which will be of interest to the employees and the book cases are filled with reading matter. They have established a substation of the Public Library and thus the employees have access to all the reading matter of that great institution. Rest rooms are provided, one for men and one for women. In the women's room, special entertainments are frequently introduced at the noon hour. These entertainments may consist of vocal or instrumental music or a reader. The employees of the store have founded a choral society of one hundred and fifty members who rehearse every Monday evening and give a concert each year. They began with part songs but have since rendered "The Creation," "King Olaf," Mendelssohn's "Hymn of Praise" and many others.

In another department store the point is emphasized that all their social activities are in charge of a self-governing "Employees' Association." The element of paternalism has been absolutely eliminated. The employees of this store have a girl's club, and a women's club, a choral club, women's bowling league, and a dancing class for both sexes. These organizations are established with the idea of providing additional opportunities for recreation and for social intercourse. They also furnish valuable experience in organization work, and the

social intercourse necessary to these activities increases the spirit of cooperation. Because the members are so banded together and have a personally governed organization, they feel a personal interest in its success and a pride in the business that makes such an organization possible.

These examples, showing what the colleges have long ago established for the purpose of social activities among their students, and what the department stores are doing for the betterment of their employees, present very valuable suggestions for use in our nursing schools.

There may be some schools which give sufficient freedom of action to their pupils to enable them to conduct their own social activities without the guidance of the members of the institution. These schools may have among their pupils a large number of young women who have had the advantage of a college education, and who have enjoyed the opportunities given for initiative and leadership under the student self-government of their colleges. Nursing schools with such desirable pupils and conditions can well afford to place the management of social activities in the hands of these pupils; there will be many well-balanced leaders among such a group to help those who are less responsible in the control of their social life. Such ideal conditions, however, can scarcely be looked for in all our schools yet. In the meantime, a great deal of help can be given to our pupils to make life in the nurses' home more truly homelike and more profitable to their future.

A few nursing schools are doing something definite towards helping their young women to develop interests other than along the lines of actual nursing duties. In one of the well-known schools there is a resident social and physical director; she is a college graduate and is not a nurse. She stands in the position of friend and adviser to the students in the home. Her presence there bears no relation whatever to nursing duties or instruction. Her educational work deals with the young woman and not with the nurse. She helps to organize the clubs, each class in this school having a club, and helps the members to get the most out of such organizations. She chaperons them in visits to points of interest in the neighboring city, coaches them in their outdoor sports, such as tennis, basketball, and archery, and helps to make life in the home congenial and happy. No strenuous gymnasium work is undertaken by the pupils of this school, but folk dancing, besides meeting the need of a regular form of exercise, gives complete relaxation through its pure fun. This nurses' home has two pianos, a victrola with about two hundred records, a reading room with many of the current magazines, a reference library, and is also a substation of

the public library with an average of one hundred new volumes each month. During the summer outdoor games are encouraged. Tennis tournaments are held, prizes being offered to the winners in singles as well as in doubles. In winter one of the tennis courts is flooded for skating and a great deal of fun is derived from the use of the toboggan slide. It is very evident that a considerable amount of time and thought has been expended on these activities for the benefit of the nurses. It is not a difficult matter to decide what the reaction must be on the mental and physical lives of these young girls who are so carefully and wisely considered.

All schools may not have the advantage of ample grounds around the Nurses' Home which would enable them to develop such an ideal life for the pupils; but even in a city a great many things can be done to make the home the social center. Activities might be directed from the home by affiliation with a swimming pool. It is always possible to find a vacant lot which can be rented for a small amount and which can be used for a tennis court. The many points of interest in a large city give rich material for promoting the social interests of the pupils; but any outside interests should have the recognition of the school, not necessarily with the idea of paternalism which tends to crush initiative, but for the sake of giving the ordinary home protection to our young nurses. Many of them are very young girls, full of energy and in possession of the play and social instincts natural to the young. They want to have a good time and if the nursing schools still hold to the old idea that there can be no division of interests in the life of the pupils, if our schools demand concentration on the care of the sick in the institution, without taking into consideration the youthful instincts of the pupils, then our young women will, without hesitation, find the ways and means of having a good time.

It may not be possible to have social directors in all our nurses' homes, but sufficient interest from those on the school staff would make it possible for the pupils to have advisers and friends to help them in creating the right kind of social environment. It should be borne in mind that a large majority of pupils come from distant cities, towns, states, or countries. They may have few or no acquaintances near-by. If the school does not take an active part in providing the right kind of recreation for them, one of two things is likely to happen. The young girl finds her social life where and how she can, very often being ignorant of the dangers around her. She may make undesirable acquaintances or she may be fortunate enough to make very good friends, but she finds the diversion she needs without any assistance

from her school. On the other hand, the girls who are not brave enough to venture into unknown surroundings alone, remain in the training school day after day and evening after evening. They have no other social life but the companionship of others with like difficulties. Their interests become narrow, being limited to the hospital and the doings of the hospital. After three years in the school these nurses care little about social activities which bring them in contact with people in other professions or lines of business.

In some nurses' homes parties are given at which a class acts as the hostess of the evening. Sometimes two or three pupils will give an informal reception or social. In some homes, friends are invited to these functions and the internes of the hospital are included. This reasonable amount of diversion should give the nurses an opportunity to put on their pretty clothes and to meet each other and outside friends in a social way. Dancing is encouraged in almost every school and the response is always most enthusiastic.

In another school, the home was constructed with the idea of being a real home. In the reading room which is always well supplied with the current magazines, there is an open fireplace which the nurses enjoy heartily. A room containing a piano and victrola is used for music, singing, and dancing. Dancing classes are held once weekly and a party is given every month or six weeks to which friends are invited. In this school the different classes act as hostesses, taking it in turn. A third room serves for games, such as cards, puzzles, etc. A fourth room is used for callers. This school does nothing in the line of club organizations among the nurses, but some religious activities are recognized such as bible class, St. Barnabas' Guild, etc. Groups attend art galleries, museums, lectures, and entertainments. A point of particular interest concerning this school is that the superintendent of nurses says "we" attend art galleries, museums, etc. Just a little more of the "we" spirit in our nursing schools would clear away many of the existing difficulties in providing the social environment for the pupils. The nurses of this school entertain the tubercular patients once monthly by playing, reading, and reciting. It is entirely voluntary service and must give pleasure to both patients and nurses.

We are passing through an age of educational experiment in our nursing world. A reshaping of our ideas has been forced upon us by the changed and changing conditions of society and by the ever widening circle of influence for nurses. Our nursing world is larger in all its aspects than that in which the nurses of twenty or even ten years ago lived. This fact has brought new and serious problems to solve

and compelled a larger view if we would solve them well. It is essential, therefore, that the things that are valuable, and which would modify our educational practice or be amalgamated with it, should be made use of. This demands perspective which can only be obtained by setting before the mind a general view of the thing that belongs to the education, the progress and the welfare of the nurse.

While nurses are trained primarily to be health promoters and health preservers, they are also required to be skilled administrators and organizers, strong leaders and teachers. They must be cheerful, optimistic, full of imagination and endowed with unlimited common sense. They must be equipped to mingle freely in all grades of society. They are called on to take their places on the public platform and to cooperate in all forms of social and philanthropic organizations and activities. Well directed social activities in nursing education will aid the development of many of these qualifications. At any rate they will start the young woman in the right direction. At the same time the much needed physical and mental relaxation will be provided and an opportunity given for the development of natural talents.

Any activities which stimulate and invigorate the body react also on the mental life and the growth of intellectual powers. A recreative activity which calls for keenness of intellect, concentration of thought, intensity of effort, and the resourcefulness of the nurse would help to fit her for the demands made on her judgment in dealing with the serious problems which come thick and fast during her three years in the school as well as in her future life. The physical benefits which come from the free recreative activity of dancing, the bodily strength and endurance developed by exercise in the gymnasium or swimming pool, the general toning up that accompanies physical relaxation and release from restraint in the recreation room, the sense of independence and the realization of self responsibility obtained through student self-government, the socializing influences of good fellowship in social activities, all these are needed by our pupil nurses today.

Their work among the sick throws them into surroundings which tend to separate them from the pleasures and activities of young life. It is especially necessary that through recreative activities, through social intercourse and outside interests, through contact with more normal influences, their natural instincts should find a proper outlet and our young nurses be helped to keep their place in society. Social activities among our pupils should aim at personal development, the cultivation of sociability, mutual helpfulness among the students, an increase in the spirit of loyalty to the school and cooperation which is the foundation of every institution.

THE CANCER PROBLEM¹

By H. R. GAYLORD, M.D.

Buffalo, New York

First of all, the cancer problem represents that great group of diseases which are put together because of certain characteristics which they have in common. Medical scientists have for a hundred years struggled against a stone wall trying to find the solution of the cancer problem. These attacks have been made through institutions and instrumentalities specially adapted for the purpose. The institution in Buffalo is the oldest in the world for the investigation of cancer. By that I mean the first modern institution, not including cancer hospitals such as the one in Middlesex, England, which have existed a long time for the care of incurable cases. The institution here was the first which was planned for an organized attack upon the cancer problem, and its conception was due to the late Roswell Park, a man of great imagination, insight and purpose. Since the organization of this institution in 1808, from appropriations by the state, institutions of this sort have sprung up all over the world. In the United States we have five or six separate academies or institutions employing scientists engaged in the study of the so-called cancer problem.

Now, after all these years of research and disappointing struggle, we have come to the point where there are a great many things which the profession at large might know of cancer research, and which might interest nurses.

First of all, cancer is not one disease. It has taken us fifteen years to definitely and conclusively satisfy ourselves that that is so. Cancer of the breast is a disease just as absolutely different from cancer of the uterus or cancer of the stomach as an infection of the throat is from an infection of the arm. The reason why the cancer problem has been so complex is that men have thrown together into one group a great group of diseases which have in common the fact that they cause tissue proliferation, and produce certain effects, such as infiltration and the transportation of the cells to other regions of the body in their growth. Years ago men used to talk of abscesses, descending abscesses, cold abscesses, etc., but today you seldom hear any reference to an abscess. If you refer to an abscess you are asked,

¹ Read at the meeting of the New York State Nurses' Association, October 19, 1917

"What kind of an infection is it?" One does not talk of "abscesses" any longer. In that state of our knowledge we simply classified and studied the results of infection, and we dealt with abscesses as though they were definite things. We know today that they are simply accumulations of leucocytes associated with local areas of infection. Similarly, every tumor was put into the so-called cancer group, and everything from embryonic misplaced tissue, associated with growth, to outspoken types of sarcoma, was put together in one group.

Now, through the study of cancer in the lower animals, we have begun to find out the great difficulties, and have learned something about the underlying principles of this group of diseases. Until three or four years ago there was the most continued and bitter controversy, which dates back to almost the beginning of cancer research, as to whether cancer is infectious or not. Today there is no such argument, for the reason that there are, already, a group or two of tumors in the lower animals that we have been able to prove definitely are caused by infectious agents. The best examples and most definitely worked out types of tumors, in this connection, are the sarcomas in chickens, studied by Dr. Rous of the Rockefeller Institute. These chicken sarcomas are of different kinds, at least we have learned the cause of three kinds; a spindle-celled sarcoma, a sarcoma of a peculiar type that grows the blood cells in it; and the osteochondro sarcoma, due probably to a peculiar condition of the chicken. Dr. Rous has been able to get a filterable virus, which, in normal chickens, will cause new tumors to grow through its action upon the connective tissue. All these tumors spring from the same type of undifferentiated connective tissue, and yet each one has a virus which is so specific that it causes the connective tissue to respond in a specific manner and produce a definite type of tumor. Therefore, derived from the undifferentiated connective tissue, you have a spindle-celled sarcoma, caused by a virus, which always and only cause that tumor; you have a spindle-celled sarcoma growing in a peculiar way because blood vessels are always involved in it; you have an osteochondro sarcoma, produced by a virus that can cause connective tissue to form cartilage and bone. If in a little group of tumors such as we have described, there are three absolutely separate viruses always causing the same type of tumor, it is absolutely certain that cancer is not a homogeneous thing. The viruses we have been able to discover are filterable. They are organisms, yet they lie at the very border where no man can tell where the living ends and the inanimate begins. You know from radium the enormous changes in the field of physics; we are told that an atom of uranium contains two or three hundred thousand particles,

like a swarm of bees. I often think when I look into the stars passing into the distance that when we look through the microscope there must be things there too, that go away down beyond our comprehension.

In these filterable viruses we are dealing with things that we cannot see, even with the microscope. A mathematician could figure out just how large they are. When we look at them we see simply a world of cosmic dust dancing about through the field, because every particle of that size goes through the filter. Some of these particles have no characteristics. You can't tell them from an ordinary, inanimate piece of protein or fragment of dust that has gone through.

An interesting thing about the filterable viruses is that today there is quite a difference of opinion as to whether things of that size are alive or not. I don't think that that matters, for this reason: that we do not today know where the border line is between the things which are living and the things which are not living. We already know of certain live viruses which are so small that they upset our entire theories of organisms. There is, for instance, the virus of a chicken pest which is so fine that it will go through a Berkefeld filter that will hold back hemoglobin in solution. We have always thought of a living organism as having at least a few molecules to react one upon the other; but this virus is so fine and will go through such an impervious filter that it undoubtedly falls into the realm of the ultra-microscopic. Yet the chicken pest is so infectious that it goes through chickens and kills them in twenty-four hours; and runs like fire through a group of individuals. Whether it is animate or inanimate, such a thing must be always considered infectious.

We know that the one best established fact in regard to cancer is that chronic trauma and chronic irritation are more commonly associated with its beginnings than any other known factor; and we have specific types of cancer associated with them. A history of trauma can be elicited in a very high percentage of cases. One might ask himself what kind of trauma is associated with cancer. The answer is that there is no specific kind associated with it. For instance, sarcoma has started as the result of fracture; on the other hand, men have gone their entire lives with lesions and no cancer ever developed. In the Institute, one of our workers, Mr. Marsh, has been working now for three years on susceptible strains of mice with all types of trauma, and he has just about exhausted his ingenuity.

You can breed white mice so susceptible to certain types of cancer that every living individual in a given generation will die of some type of cancer, a rather striking thing. By interbreeding certain strains

of mice you can get 50 to 90 per cent of susceptibles. Breeding the other way you can get some that will resist cancer successfully.

Some men would be very radical, and would assume from discoveries made in cancer research that cancer is caused by infectious agents. I don't think that follows. Cancer is such an enormously broad field that there is room for almost everything. It would be just as well to say that a large proportion perhaps, certainly a great many types of cancer, will probably be found to be caused by specific agents. There may be some things we call cancer which are not in that group at all and not caused by specific agents. Some day we will break the whole group down and talk of things specifically, by a specific name. We will have a term for cancer of the breast and call that a disease; and also for cancer of the uterus.

It is of great importance in the early recognition of cancer, to look for trauma and chronic lesions. In a woman over thirty-five a lump in the breast is a dangerous thing. It is almost always the beginning of fibro-adenoma, and that is really cancer. Such a lump should be immediately taken care of by a surgeon.

We have heard a great deal about the inter-relation of benign and malignant tumors. Some so-called benign tumors are not benign. They are probably the first stages of cancer. They do not always produce cancer, but there is a reason for that.

Some years ago we discovered that there is a definite and specific immunity to cancer. An animal may develop an immunity sufficient to cause spontaneous recovery, and when that occurs the animal is immune and can never be given that type of cancer again, as far as our experience goes. We have tested animals for two years, which is practically the length of life of a mouse. At the time we published our original work on the subject we were able to collect nineteen or twenty cases of spontaneous recovery in human beings. Some of these cases had had recurrences and evidence of metastases, even, but in the last stages, had recovered.

In the experiments in which the existence of spontaneous recovery was established, we found that the chance of spontaneous recovery is greater in the first stages, immediately after inoculation, when almost 50 per cent will recover. In the last stages, when the tumor is large, only perhaps $\frac{1}{2}$ of 1 per cent recover. It is probable that the nineteen cases in human beings which we find in the literature (which were forced in there, nobody wanted to believe it), represented those very rare cases occurring in the last stages of the diseases. The chance of spontaneous recovery is in inverse proportion to the size of the growth.

Why do so many old people die of cancer? Perhaps one explana-

tion is that toward the end of life their vital processes begin to wane, particularly their splenolymphatic system becomes atrophied. I believe that they are susceptible because their general immunity is beginning to fail.

The immunity to cancer is of exactly the same type as the immunity to infectious diseases. The discovery of immunity to cancer was made in 1904, and yet the realization of that fact is only two years old. Men thought it must be extremely obscure and indefinite, and that it could not be shown by experiment. It took about five years to kill that theory. You know the effect of a great authority, when he goes wrong, is powerful in medical science, and I suppose it is the same in nursing.

It was definitely shown by Dr. Murphy of the Rockefeller Institute that if you take a chicken egg, incubated to the point where the blood vessel system is established, you can inoculate with mouse or rat cancer or almost anything; you can grow normal tissues by planting them into the so-called breathing membrane of the chicken, and they will grow. You can't grow rat cancer in a mouse or vice versa, or mouse cancer in a rabbit; in other words there is a complete species specificity. But a chick, being incubated in an egg, depends for its resistance upon the shell, it has no immunity of any kind, and if you break that shell and put something on that embryo it will grow until the chicken is hatched. After that it begins to develop the specificity of the chicken and you cannot inoculate it successfully.

Dr. Murphy hit upon a remarkable experiment. He discovered that if you implanted a tumor from a mouse, rat or chicken, in a chick embryo, and then planted along with it a little spleen tissue, if the spleen tissue grew the tumor would not grow. Then he found after the tumor started that if you put spleen tissue in it the tumor would go away. He therefore concluded that the establishment of the splenolymphatic system was what established the immunity. That raises the very interesting question as to whether or not all immunities are not the result of reaction to environment. We have a potential of immunity in us, but it takes the insult to bring it out.

Dr. Murphy then took mice and injured their spleens with the X-ray. If he injured their spleens just enough he found he could grow a rat cancer in a mouse, and vice versa.

Some years ago we found in the Institute that if an animal were inoculated with a tumor which then remained stationary, if the animal were bled it was frequently possible to make the tumor grow. We also found that if the animal were anesthetized for three or four days in succession the same thing would happen. Surgeons are just be-

ginning to realize this. Long and severe operations, with anesthetics like chloroform, are very injurious to the immunity.

One thing which a cancer patient depends upon for recovery is the concomitant immunity which develops along with the disease. It is not always enough to hold the disease in check, but it is enough to produce latency. Why is it that cancer does not return for ten years, and then all at once returns? It has been there all the time. We do not today know how to use that immunity, how to build it up and reinforce it, and use it as a basis to combat cancer. If a patient recovers from an early operation for cancer it is not necessarily because the surgeon cuts it all out at first, but because the patient has some immunity. That is the reason the nurse should be on the lookout for early cancer. Better still is it that if you know that a mole, which can be irritated, or a cracked lip on a man who smokes, is a dangerous thing. It is infinitely better to remove those simple things by surgery and be done with it and never know whether it was cancer or not, than to wait and find it is cancer.

For the past few years we have examined any specimen which any surgeon in the state of New York has sent to the Institute. In the first years of that work every case we got was cancer. Dr. Simpson, who examines the specimens, writes letters to the country practitioners, and gives them all the advice he can, and to-day about one-half the cases sent in for diagnosis are not cancer. They are border-line things where the pathologist is not sure. So you see we are making progress. It is not worth while for any healthy individual to take a chance with any lesion that is any way associated with cancer, because in the beginning they are almost all simple things which can be, and ought to be, taken out. There is perhaps just one exception and that is an adenoma of the breast or lumps. In young girls they are simple and can be practically ignored, but beyond the age of thirty or thirty-five no lump in the breast, especially in a woman who has borne children, is a thing to be overlooked. I suppose you know that beyond thirty-five one woman in every eight dies of cancer and one man in every eleven. Tuberculosis, which used to be twice as great as cancer, is now on the toboggan, going down 4 or 5 per cent in a decade, but cancer is increasing at the rate of something like 20 or 25 per cent every ten years, and it is something about which we know nothing. Some of this increase is unreal, being due to the way statistics are kept, but in every civilized country there is a great increase in cancer.

The thing of today is to know that the first stage of the disease is the time in which something can be done. See that patients do not hide lesions or put off visiting the surgeon; and particularly should

the nurse talk to women. The surgeons are partly to blame, because they operate on cases that are too far gone. A patient sometimes will not go to the surgeon because she knows the Mrs. So-and-So, down the street had cancer and five operations and died anyway. The result is that she conceals any lump in her breast.

Surgeons are beginning to realize that it is perfectly useless to operate in the last stages. Their attitude always was that they must do something for the poor patient. We are coming to a realization of the fact that in the last stages of cancer we cannot help it. We can only prescribe early surgery. There is a limited field in skin cancer for the X-ray and for radium, but the best thing of all is to remove the cancer before it has developed.

NATIONAL CONFERENCE ON CHARITIES AND CORRECTIONS

An American conference on practical social adjustment during the war might be written as a sub-title for the National Conference of Charities and Correction meeting at Pittsburgh June 6-13. The abolition of poverty and other preventive considerations were uppermost in the minds of those who planned the Pittsburgh meeting a year ago. These distant goals will be kept in view in spite of the turn that has been given to program plans recently. The management of the Conference, however, finds that the well nigh revolutionary effect of war demands upon community relationships and upon the outlook for practical social service cannot be ignored.

"Charity and social work cannot go on in the usual way during the war" is the statement of Edward T. Devine of New York. Professor Devine is chairman of a special division of the Conference devoted to social problems of the war. With the coöperation of Ernest P. Bicknell, Director of Civilian Relief of the American Red Cross, he has outlined a series of conferences with a view to stabilizing and giving direction and force to humanitarian efforts during the war. Several speakers of note are scheduled in this part of the program, including Herbert C. Hoover, William H. Taft, Samuel Gompers, and Miss Helen R. Y. Reid. Miss Reid is Director and Convener of the Ladies Auxiliary of the Canadian Patriotic Fund.

Except for the manifest need of consultation this large gathering would not be called together at this time. Frederic Almy will preside at the Pittsburgh Conference. He has announced as the subject of his presidential address "The Conquest of Poverty." Plans are under way in the Conference for a higher degree of concentration of social forces in America in the future.

PRIVATE DUTY NURSING¹

By HELEN W. GARDNER, R.N.

Washington, D. C.

I feel so sorry when I hear that young nurses are saying they do not like private duty nursing. They register for hospital cases only. Let me remind you of something. You as a class when you first leave the training school are called to come back to special, until the next class comes out. If you have only done hospital work, with no outside work, what are you going to do when the younger nurses are called back in your place? The hospitals like to call the younger nurses to give them a start, and you are pushed out. What will you do? It is a very foolish and short-sighted plan as you will find out. I think it depends on the attitude the nurse takes on entering a house, how she will be treated. Do not carry a chip on your shoulder when you go in; take it for granted you are going to be treated nicely and kindly, and act nicely and kindly to the whole household. We almost always in this world get the kind of treatment we extend to others. My theory has always been that a nurse should, more than others, carry the golden rule with her. Put yourself in the place of a family to which you go (by the family, I mean every one in the household). Suppose that some one else were the strange nurse, and you were the head of the house. Treat the patient as though he were your brother or sister, the servants as though they were human beings and to be thought about. Never ask servants to do any of your work. You are there to relieve them and not to make more work for them. A maid in the house where I was relieving the permanent nurse for a vacation told me, "You know Miss M. has never been used to servants, she doesn't know how to treat them. We can always tell right away whether a nurse has been used to anything." Let me tell you that servants put you in your proper place in the social world before their employers do. They are more quick to judge, having lived in many homes. It is your place to carry trays, empty pans, and bowls, and take care of your own utensils, that is, those you use. You are not called upon to sweep rooms, when there is a maid to do it, but if you are in a house where your patient is the one who does those things, it may be your work, too. You are not called upon to do the family mending, but should your patient be

¹ A talk to senior nurses of the Garfield Memorial Hospital.

the mother of a family and worries because it is not done, it seems to me that you can do it, and still keep your position, rather than put on airs and say it is not your work.

Once I went to care for a woman with nervous prostration. As soon as I settled myself in her room, she asked me if I would sew in the sleeves of a night dress. I thought it rather a queer request, but I did it. Afterwards she told me that she just did it to try and see what kind of a nurse I was. One of her friends, an elderly woman, had an attack of pneumonia and one morning a button was off her nightdress. She asked her nurse to sew it on. The nurse said, "It is not my business to sew on buttons," so the old lady, being an old maid, sat up in bed and sewed the button on herself! A nurse has all kinds of work to do. Nothing is beneath her dignity from caring for the furnace to opening the front door. It may be that that is one reason nurses do not like work in private houses. They have to do so much more than their own work. A woman who is a true nurse will do anything she sees to do. I have bathed all the children in a family.

You have heard that private duty nurses are only out for money, that the only nurses who do great charity work, and help in this world are teachers, the instructive visiting nurse, the diet kitchen nurse, the school nurse, and many others, all doing a wonderful and self-sacrificing work, and they always get the credit coming to them. Here is the place to say, "A private duty nurse, if she is conscientious, teaches all day long, sometimes all night, and every day of the week." It is not only the poor workingman who needs teaching. The rich and well-to-do, often need more teaching, because they are supposed to be educated, but many are afraid of air, good fresh night air, sunshine and water.

In private houses you must humor the whims and life-time habits of people. If they have lived for years with the windows shut, or in dark rooms, you must wait until they know you before you start in on any new ways of doing things.

You must always care for the possessions of others and try and be as careful as you would were they your own. I took care of one young woman once who was very rich, but she had fifty-cent nightgowns. She had plenty of them, but it seemed queer. One day her father was coming to see her, he had been away, and I asked her if she did not have a nice nightdress. She said she had plenty of them but the nurse who had taken care of her when her last baby came had torn all her pretty gowns down the middle of the back so she thought she would get cheap ones instead of having her pretty French lingerie ruined. There is no excuse for tearing a nightgown unless the patient is very ill, and then you can always ask for cheap ones.

Be careful of bath tubs. I was in the house of an old Admiral, who told me the last nurse they had, had set pans and basins and all sorts of things in his bath tub, and had scratched it, so would I please not do it. You must be very careful not to throw absorbent cotton into the water closet or allow it to get in the bath tub or wash basin, as it does not dissolve and you do not wish to get a reputation for having to have the plumber come to every house you are in. Be careful as to extravagant use of paper, toilet paper, strings and wrapping paper.

Always, if possible, rest between cases, never take a case when you are very tired, as you cannot possibly do yourself justice. You are being paid for good work, but how can you give it when you can hardly stand up, or see, from being physically tired? When you are off duty go to bed early, be out of doors as much as possible, and eat well. Buy the best food you can afford, and do not eat only two meals a day, and those just as little as you can get along with. It does not pay. No man or woman can work well when half fed. Spend more money in getting good food than in fine clothes.

Have plenty of clean uniforms, nice looking sensible shoes, and plain street clothes. You are working women, and they are always criticized for extravagance in dressing. When you are off duty dress as you like.

It is not becoming for a nurse to wear her uniform in the street, and it is surely most insanitary. When you are nursing for an obstetrical case, or any surgical case, can you imagine you are very clean when carrying street dirt into the room? The doctor may do that, but certainly not you.

Always keep your bag packed as soon as you are ready for a case. Have two of the necessary things, such as brushes, combs, etc., one can always be packed. Always put a towel in your suit case, as sometimes you go to houses where you could not possibly wipe your face and hands on the towels given you. You may miss many cases by getting a reputation for being slow to respond to your calls. It is best to join a directory, and to take everything that comes along. I heard the other day, and I could hardly believe it, that one of the graduates from my own school had refused to go to a small baby with pneumonia over in the Southeast. She wished a case in the Northwest. Now it is to her advantage, as to you all, to take a case wherever a call comes. When a nurse starts out with any such idea, she has no love for her profession or for the good she may do in this world. Some of the nicest patients live in small houses. How many of you have not some member of your family who is not rich, and still may need a nurse some day? Would you like one to whom you offered it say,

"Only the rich." The people who are nicest to you, as a rule, are people of moderate circumstances, or who have always been rich.

Another young nurse, also of my school, refused a case because it promised to be for only a few days. That is a very poor excuse, as some cases you may go to for twenty-four hours may last for weeks. Some of my nicest cases have been for only a day when I went. I have stayed days and weeks and gone back at other times.

We learn ways to make shift in supplies and utensils for every case. Clothespins, split in two, make good wedges for rattling windows; newspapers are used for receiving soiled dressings, as they will keep the odor in until they can be burned and if there is only a small kitchen stove to burn things in, make your packages small and burn them often.

A fine sterilizer for all kinds of cloths and dressings can be made from a clothes boiler with a towel hung to the top as a sling to hold the packages. Lay the towel across the table, lay the bundles on it, then lay the lid on top, and pin the ends of the towel up over the lid. Have about 4 inches of water boiling in the boiler first, then hang your sling in and close the top tightly, let them sterilize from half to three-quarters of an hour. Lay the bundles in the sun or on the radiator to dry out. You can trust to their staying sterile from ten to fourteen days.

It is a bad plan to promise to go away with patients for a long time unless you have lived with them for a while, and know their ways, and they yours. I have heard of cases where people and nurses have both had hard times. As we all know, no one can please everybody. I know two of our nurses, Miss A. and Miss B. Miss A. was a dignified, quiet, reserved, and very good nurse, while Miss B. was bright, animated and very entertaining, also a very good nurse. Miss A. was sent on a case to take care of a woman with inflammatory rheumatism. At the end of twelve hours when the doctor arrived, the patient told him if he did not take that nurse away quick, she would die. So he sent Miss B., and they had a beautiful time and were happy ever after. Later Miss B. was sent to go away with an old lady. After she had been with her a few days, the old lady sent her home, saying she was not fit to be a nurse, she could not get along with people, and any hospital should have been ashamed to have graduated her. So the doctor sent Miss A., who gave perfect satisfaction, and has been in the house most of the time for ten years.

If you don't know how a doctor wishes an order carried out, tell him, not before the patient, though. He will have much more respect for you, than if you carried it out wrongly, but never tell a patient you do not know how to do anything. I once had a friend who was a housekeeper in a small institution. The nurse in charge

telephoned me one Sunday afternoon, asking me to come and apply leeches to my friend's eyes by Dr. Wilmer's order. She unfortunately had told this sick woman that she did not know how to apply leeches, so she had told her to send for me. When I turned away from the phone, my friends who were in the apartment with me, asked what I was going to do. I told them I had never seen a leech, and asked them help me read up how to apply them. So we got our nursing books, and we all read up. When I reached this institution, the nurse met me and said, "You know I was a fool to have told her that I did not know how to apply leeches, because she would not let me touch her." She brought out the jar with the two leeches in. I was afraid to examine them too closely for fear that I would show my ignorance. I scrubbed up the temple and took a piece of gauze and poured one of the leeches out into my hand on the gauze. I examined it, but I could not tell head nor tail. So I applied first one end and he did not bite then I applied the other, and he did not bite, so I pricked my finger, and put a drop of blood on the spot, I applied one end and he did not bite, and I applied the other end and he did not bite, and I did not know what to do for a minute. I turned to the nurse, and asked her please to get me a little cream, as sometimes they catch on if there is a drop of cream put on the spot. When she came back I put the cream on and the first end of the leech that I applied caught on.

A nurse should train herself in the training school, if she has not already been taught at home, to eat everything. We often hear of nurses going in houses and not being able to eat everything. You would feel very badly if the people have to cook extra things for you, as they surely will when they see you are not eating the things on the table, especially if you can see it is all they can do to get the absolutely necessary things.

Take two to three hours off duty if you can get it. That is, have some one who can relieve you intelligently, but never let the household think that you think only of your off duty and not their comfort. I went to one house several years ago, where the nurse who had been there before had not been called back, so the doctor told me. He said he could not understand why, as she was such an excellent nurse, but very soon I found out. The baby had been born at one o'clock in the afternoon. To be sure the nurse had been up all night and all the morning, so as soon as she had gotten cleaned up, they told her to go off duty and get some rest; that she could go into the next room, but she said, "Oh, no, I cannot sleep unless I go to my own bed," so she had gone out and stayed three hours, leaving a young

mother of nineteen years and a father, a young man, with no one to watch them, and you know how many complications might occur in the first few hours after a baby arrives. If you have little to do, take less time off duty, and try to take it when it is most convenient for your relief. I heard of a case recently when a nurse was asked to care for the mother in a boarding house. The daughter had been caring for her but needed rest. The first day she went out at five to come back at nine, leaving the daughter to carry the supper up three flights of stairs, and get her mother ready for the night, as she was a bed patient, which made it harder, and gave less excuse for the nurse going off duty to come back so late, to get her patient ready for bed. The second night she said she wanted to go to the theater, so left at six to get back at eleven. That is no way, or time, to leave a bed patient, unless it is the only possible time one could be relieved, which was not the case at this time.

AMERICAN SCHOOL HYGIENE ASSOCIATION

The tenth congress of the American School Hygiene Association meets in Albany, N. Y., June 7, 8, and 9. Mary E. Lent will preside at the session on School Nursing, when the following subjects are to be discussed: Health Problems among Rural School Children, Mildred B. Curtiss, R.N., Supervising School Nurse, Schenectady County, N. Y.; The School Clinic Recruiting Station for the Open Air School, Henrietta Knorr, R.N., Superintendent of Nursing Division, Baltimore; Effective Methods of Teaching Hygiene to School Children, Katherine Olmsted, R.N., State Supervising Nurse, Wisconsin Anti-Tubercular Association, Milwaukee; Health Education, Its Place in the School Curriculum, Edith M. Walker, R.N., Superintendent, Health Educational Department, Binghamton, N. Y.; Possible Activities for the School Nurse in a Small City, Helen M. Needles, R.N., Nurse, Newton Public Schools, Newton, Iowa; Health of the Child Before School Age; Dr. Grace L. Meigs, In charge Division of Hygiene, Children's Bureau, Washington, D. C.

A CANADIAN NURSE IN FRANCE

A nurse at home for a few months on leave wrote an account of her work in one of the base hospitals in France, to a relative, who is also a nurse. It gives a glimpse of the conditions under which war work is done and is an eloquent though unconscious tribute to the heroism of the nurses as well as of the soldiers.

I am beginning to wish I was back and to feel restless and anxious to be at work again. It is so lovely to be in the midst of it. You can't imagine what an absolute happiness it is to work for those sweet, patient boys. Such courage and thoughtfulness for others as they almost invariably showed when suffering indescribable tortures. It was almost superhuman, their endurance, and to work for them was just a privilege. As for honors, it is awfully nice of you to wish me to have mention, but we sisters don't think much of them over there. Of course it is nice for one's people but unless you have done something deserving of them one would rather not have them. As for me I would be ashamed to receive anything of that kind when so many who have done such wonderful work have not been recognized; many of them having given their health, and some their lives. Our hospital has been mentioned several times in despatches for its good work and that was the best honor of all. It is a wonderful hospital: our medical officers are of the very best and being right on the railway we received the very worst cases, sometimes the very day they were wounded. We had 1400 beds last summer and only 73 nurses, and some ill always. In the operating room sometimes as many as 80 major operations were performed in one day and only four sisters; four tables going all the time. I had a ward of 70 surgical cases alone for five months, and from five to six operations a day, and always watching for gas gangrene and hemorrhage; but it was wonderful how you could train the up-patients to do anything to help one. I always tried to keep five of them in the wards and they couldn't do enough. Every dressing required two people as a rule, and it was wonderful how clever they were in handling compound fractures, etc. The medical officer hardly ever did a dressing in my ward as he had other wards, too, and was kept busy operating. My five helpers took temperatures and fed the incapacitated, often cooking some little dainty on the Quebec heater that we kept going all the time in order to have sterile water. They gave the bed baths and helped with the stretchers, a conveyance often coming in as an evacuation was taking place, sometimes putting them in the same bed without being able to turn the sheets. We sometimes had three convoys a day of 200 patients or more coming to our hospitals and as many evacuations to England. Once in 48 hours we admitted 1200.

All the clothes of incoming patients were fumigated and those returning to the Front were given complete new outfits, those going to England being given the old shrunken clothing and looking more like old tramps than anything else, but so happy "to be going to Blighty" that nothing mattered.

My ward was like one big family and I was never so happy in my life, as one felt it was real nursing; everyone needed care, and all tried to give as little trouble as possible, knowing how busy we were. Fancy, a night nurse has some-

times 200 patients to oversee and going from one tent ward to another kept her pretty well on the jump, as emergencies were always cropping up. One learned such lots of life lessons from those dear chaps; only the essentials of life seem to matter now, to have a bed to sleep in and sufficient to eat and clothe one is all one seems to need and I don't feel as if I could ever allow little things to fret me now. Death is so close to Life and the self-sacrifice of those young boys is so wonderful. They know they are dying yet they do not expect you to wait on them, or make any complaint of any kind. It was so terribly sad sometimes to think they had none of their own near them. It was not all sad; really, if I could tell you some of the laughable things that have happened to us all you would laugh; one feels like laughing one minute and crying another. You don't know which to do.

FOR KILLING FLIES

The United States Government makes the following suggestion for the destruction of house flies: Formaldehyde and sodium salicylate are the two best fly poisons. Both are superior to arsenic. They have their advantages for household use. They are not a poison to children; they are convenient to handle, their dilutions are simple and they attract the flies.

PREPARATION OF SOLUTIONS

A formaldehyde solution of approximately the correct strength may be made by adding 3 teaspoonfuls of the concentrated formaldehyde solution, commercially known as formalin, to a pint of water. Similarly, the proper concentration of sodium salicylate may be obtained by dissolving 3 teaspoonfuls of the pure chemical (a powder) to a pint of water.

A container has been found convenient for automatically keeping the solution always available for flies to drink. An ordinary, thin-walled drinking glass is filled or partially filled with the solution. A saucer, or small plate, in which is placed a piece of WHITE blotting paper cut the size of the dish, is put bottom up over the glass. The whole is then quickly inverted, a match placed under the edge of the glass, and the container is ready for use. As the solution dries out of the saucer, the liquid seal at the edge of the glass is broken and more liquid flows into the lower receptacle. Thus the paper is always kept moist.

ETHICS OF NURSING

By JESSIE BROADHURST, R.N.

Oneida, New York

Ethics, as you all know, is the science of human duty, the science of right character and conduct. The study of ethics is one of the important branches of an education. Ethics is the science that offers a rational explanation of the ideas of right acting, therefore, the ethics of nursing deals more with the spirit of nursing than it does with the technique.

There are no professions where right-doing shines out more plainly than in the vocations of nursing and medicine. The nurse who gives a glass of water because she has to, and not because she is in sympathy with her patient and wants to do it because it is right to do it; that nurse, who acts under compulsion, will be appreciated for just what she is, by both patient and doctor.

The aim of ethics, to return to the definition, is to be seen in its being defined as a science that deals closely with our lives, and one that differs from other sciences in that it treats of things as they ought to be rather than to deal with things as they are. Ethics as applied to nursing, is, therefore, a very comprehensive phrase, for it treats of right relations and duties to fellow nurses, to patients, to doctors, to those in authority, to the hospital and to oneself.

The list of headings which I give in the following paragraphs, covers the subject of ethics as we study it in classes each year:

First year. First, The probationer, her status.

Secondly, The uniform, its significance, completeness; loyalty to the uniform of one's school.

Thirdly, The training of the different members of the body in a practical way, that is, the eye, ear, voice, touch and walk.

Fourthly, The nurse's duty to her fellow nurses; to class, school, and the nursing profession; to physicians, patients, the public and to herself.

Second year. The headings given above are reviewed with preparation for more responsible positions, caring for more critically ill patients, as special nurses; operating-room service, obstetrical, diet-kitchen and other special duties.

Third year. Review and notes on preparation for graduation; the diploma; the taking of the pledge; state registration; the graduate

nurse in the hospital and in the home; the duty of a nurse as an alumnae member to her alma mater; the value of the alumnae association to the graduate nurse.

Private duty. The nurse's duty to the registry and her duty to the physician and to the public.

Probationer. Qualities requisite for a nurse. Good breeding and teachableness; these produce the proper spirit, which is the foundation. The following list suggests some of the points which a superintendent takes into consideration in accepting or rejecting a probationer, or in grading the work of nurses: punctuality, character of work, kindness and attention to patients, economy, personal neatness, neatness in work, power of observation, interest displayed, executive ability, general deportment, improvement.

Discipline. The organization and discipline of the hospital resembles that of the army. This so-called military discipline may be criticised or by some condemned, but it must continue to hold sway, for the reason that in a hospital, as in war, human life is at stake. A mistake in ordinary life may be but an annoyance or an inconvenience; in a hospital it invariably involves life or health, and one cannot afford to make mistakes. Human nature needs restraint in order to produce perfect results, and in hospital work our results should be as nearly perfect as they can be made. The one fact which should never be lost sight of is that the patient is the main thing. The patient, therefore, is the unit, the one to whose welfare all else must be subordinate. Obedience and truthfulness are primary principles taught; orders given must be carried out with promptness and accuracy.

A nurse's duty to the board of trustees or directors is the maintenance of an attitude of respect, as they represent the hospital to the outside world and it is they who are legally responsible for whatever occurs in the hospital.

Doctors and physicians. To all doctors should be accorded respect, absolute loyalty must be given. Nurses must not by word or look reveal to a patient any animosity which she may feel toward a doctor or his methods. Whatever her personal opinion, it is not within the province of a nurse to criticise a doctor's ability or lack of it; she should not state to him her opinions unless asked for them, or be guilty of diagnosing or prescribing. The nurse's work is neither to rival nor interfere with that of the doctor, but in every sense to help by proving herself to be his faithful and loyal assistant.

Nor is it for the nurse to make any suggestion as to the calling in of any other physician. She must be loyal to the doctor on the case.

It is far better to tell the inquirers that, if they are not satisfied, it would be well for them to confer with the attending physician.

It is not so much through any actual work of the nurse that she inspires the patient and friends with confidence in the physician, as by her manner, the way in which she receives his orders and her professional attitude toward him.

If left in charge of the patient after the physician's visits have ceased, the nurse should make reports to him at stated intervals, about the progress of the case. This provides a safeguard both to the physician and to herself in case of a relapse or change of condition later on. The nurse should never forget the courtesy of calling up the doctor who gave her the case, to thank him for the work. A careful attention to these and to other details which vary with different cases will soon cause the physician to feel that in the trained nurse, he has a loyal assistant and an active helper in bringing about the recovery of his patients.

To the superintendent should be accorded loyalty and respect. Naturally, the first and most important duty of the superintendent of the hospital is to supply proper care and nursing for the sick, and this by itself calls for a good deal of organization. She is held directly responsible for the conduct of each individual nurse under her. It is her duty to see that each nurse receives a certain amount of training in each branch of the work, that her class-work is carried on with system and regularity. The young nurse finds it difficult to adapt herself to institutional life, she finds exceptions cannot be made; that if a privilege is allowed to one person, the same must be accorded to all who are in the same position. She must early learn to realize that her rights are those things only which can with justice to all, be permitted to every nurse in the United States. Her standard for judging the acts of her superiors must be: What would be the result, if every nurse in the hospital were allowed to do this?

The patients, whose welfare is the object of the hospital's existence and of the nurse's training, should be treated with unvarying courtesy, sympathy and interest. They are human beings in need, and entrusted to the nurse's care. The nurse should strive to be to each patient what that patient needs. Patients will certainly retaliate ill treatment or careless work. The hospital suffers first and the nurse afterwards. To create an atmosphere of interest, care and thoughtfulness is not synonymous with familiarity. Firmness and kindness should be combined with common sense. The patient's needs should be anticipated; his likes and dislikes should be learned. The nurse should educate a perception to observe minute details and to be equally quick

to act intelligently. She should seek to arrange her work to conform as nearly as possible to the hospital rules, if on as a special. She must remember that her time on duty belongs to her patient; to exert herself to be a companion to her patient, and if the patient is very sick, to learn to relax and to stay quietly by. This time she has for study, for reading and sewing, if the patient does not object. It is very necessary that a nurse should be able to talk pleasantly and intelligently at the proper time, and in this connection she will find it to her advantage to keep up with current events. As to time off duty, the nurse should not talk about it all the time and the minute she goes on a case.

While the nurse is in training her superintendent will see that she has the needed time for rest and relaxation. If on private duty, the nurse should try to adapt herself to the ways of the household and wait and see what the family intend to do about time off duty. She should devote herself to the interests of her patient, remembering that a nurse's duty comprises anything which contributes to the comfort, either physical or mental, of her patient.

Preparation for graduation. It has been said that hospital training schools do not properly equip their pupils for the duties of private nursing. This may be true in a few instances, but it would seem that the main cause of the failures which we see from time to time are due not so much to the school as to the graduates themselves.

All that the school can do in preparing the nurse for graduation is to carefully teach the pupil the theory and practice of nursing, while at the same time it surrounds her with an atmosphere which should give her a due appreciation of the responsibilities she is undertaking, but a three years training does not make a character over. A nurse who has improved her opportunities should now be able to use her ingenuity in planning to do just as good work with a limited supply as ordinary people would do with a double quantity. It should be a matter of pride with the nurse to make the most of everything.

In preparing for graduation this is necessary, to remember that the nurse contributes to charity just in proportion as she exercises thrift and economy in the care she takes of the material with which she is entrusted.

The graduate nurse. Her duty to her alma mater as an alumnae.
1. Why should the graduate join the alumnae? The objects of the association answer the question.

Sec. 1. Its objects shall be to promote social intercourse and good fellowship among its members.

Sec. 2. To extend aid to those ill or in trouble.

Sect. 3. To further the interests of the training school for nurses connected with the hospital, that it may always be among the foremost of such institutions.

Duties to registry. If a nurse belongs to a city registry, she should pay her dues on time. If her hospital keeps a list of nurses for her convenience, she should never forget to register in and out. She should remember that the keeping of such a list takes time which is valuable to any institution. When she does register, she must remember that it should mean she is ready, with suit case packed, for a case.

All engagements should be regarded as legal contracts, only to be broken when unavoidable. When a nurse finds it necessary to leave a case, it shall be her duty to provide a substitute, unless otherwise desired by the patient or the attending physician.

If a nurse undertakes to do general nursing, it is her duty (no less than that of a physician) to take whatever case may come to her. Except on substantial grounds she should never refuse a call to any sick person, and she should never allow her personal inclination, pleasure or gain to prevent her going.

Duty to the public. It is the duty of the nursing profession to place before the public a high standard of work which shall command the respect and confidence of the people. The nurse should represent her own hospital by the highest type of service she can render. She should keep constantly before her the fact that her school is being judged by herself, her appearance and her work, and should cherish her reputation as something very dear to her.

Nursing as a profession and nursing as a trade. A profession is a vocation or a calling. A trade is a means of livelihood or a service of money. A profession may also be a trade, but a trade can never be a profession. A profession is an occupation in which enjoyment and recreation can be found together. Pleasure and recreation must come from one's work, from one's interest in people and their welfare. One's work must be one's hobby; rest and change a nurse must have, but for physical reasons only.

The nurse's duty to herself. Training gives us a definite place in the community, and carries us beyond the bounds of luxury and poverty, into close touch with our fellow-man.

Professional responsibility means that the members of a profession are living and working for that profession, and through it for the good of humanity, that they are sinking their personal preferences and ambitions in the wider and nobler aims of doing that which is for the good of the whole. It is not a question of professional or executive

ability alone with the nurse, nor is it a question of what she can do, but what she is as a woman, that counts. This is the one view of her work that will continually elevate her standard of life and conduct, and serve as a true incentive to live up to them.

You may ask if it is possible to live up to these ethical standards. Not if the attainments had to be obtained in a day. The result must be the outcome of much endurance and perseverance, and then combined with well directed energy and intelligence. If the desire for perfect work dominates the mind and heart of the nurse, she will work to have satisfied patients.

SAVING MOTHERS

More women 15 to 45 years of age die from conditions connected with childbirth than from any disease except tuberculosis. About 15,000 deaths from maternal causes occur annually in the United States, and the available figures for this country show no decrease in the maternal death rate since 1900. Maternal deaths are largely preventable by proper care and skilled attendance.

The life and health of the mother are in every way important to the well-being of her children. Breast feeding through the greater part of the baby's first year is his chief protection from all diseases, and mothers are much more likely to be able to nurse their babies successfully if they receive proper care before, at, and after childbirth.

The expectant mother should at once consult a physician. She should remain under supervision so that any dangerous symptom may be discovered as soon as it appears. She should learn how to take care of herself, and she should have proper food and rest and freedom from anxiety. When the baby is born the mother needs trained attendance. A difficult maternity case is one of the gravest surgical emergencies. Many people do not seem to understand that in any case complications may arise which can be met safely by prompt and skillful scientific care but which at the hands of an unskilled attendant may cost the life of mother or child or both. Even after confinement the mother needs continued supervision and rest until her strength has returned.

Thousands of mothers, both in city and country, do not have the essentials of safety, partly, perhaps chiefly, because they do not realize the dangers involved in lack of care or else accept the dangers as unavoidable. Many women are at present unable to obtain proper care, but when all women and their husbands understand its importance and demand it for every mother, physicians will furnish it, medical colleges will provide better obstetrical training for physicians, and communities will see to it that mothers are properly protected.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators; S. LILLIAN CLAYTON AND ANNA C. JAMME

A SUGGESTIVE OUTLINE IN HOME NURSING

So many courses in Home Nursing are being introduced into schools, colleges and clubs of various kinds, and so much interest in the subject has been aroused recently through the courses given under the auspices of the Red Cross that the problem of what to teach and how to teach these classes, becomes a matter of great interest and importance. The following is a suggestive outline which might be reduced or expanded to meet the needs of different kinds of classes. It does not attempt to cover the subject of first aid, though some of the commoner household ailments and emergencies are considered. The object of such a course would be to teach the fundamental principles and measures in nursing which the average woman needs in order to handle intelligently and safely the common problems of illness which arise in the ordinary household and particularly to emphasize the vital function of the home in conserving and safeguarding the health of the family and community. It is also essential that these women should understand the importance of skilled nursing and medical care and should know when it is needed and how best to provide for cases of illness which cannot be safely handled by those in the home. The fifteen topics outlined below would require a period of from thirty to forty-five hours. It is very important that the groups should be small enough, so that practice work can be done. This is not with the idea of developing skilled workers, but simply in order that the students may be able to appreciate and grasp the principles better, and that mistakes and misconceptions may be cleared up. The class and demonstration method is the most satisfactory way of presenting the subject, about one-half to two-thirds of the lesson period usually being devoted to this part of the work, and the remainder to practice by the pupils. A complete outfit for teaching this work satisfactorily would include beds, utensils and all ordinary equipment, at least one set for every four pupils, so that the practice work may follow the lesson, but if this cannot be obtained, practice work will have to be distributed, so that at some time during the course, each pupil may have a chance of carrying out the most important procedures.

I. *Introduction:* Brief historical sketch of conceptions of disease and care of the sick in ancient times, and under religious orders, servant nurses, and amateurs. Rise of the modern profession of nursing and change in the whole conception of nursing. Development of new theories of disease, and rise of rational scientific medicine. Modern emphasis on the prevention of disease. How the modern community cares for its sick and protects itself from disease. Institutions for sick, convalescent, chronics, etc. Care of the sick in homes by visiting nurses, private and hourly nurses, etc. Work of physicians, boards of health and other agencies in promoting health of communities. Requirements for efficient care of sick: proper surroundings, building, housekeeping facilities, medical and nursing service, etc. Types of cases which should be cared for by expert nurses. Types which may be safely cared for by intelligent amateurs and attendants. Qualifications for service to the sick and how best to help in the presence of illness anywhere. Visit to a hospital showing general surroundings and facilities for care of the sick. Note sanitary features, walls, floors, etc., methods of ventilation and the furnishing and arrangement of private rooms.

II. *Causes of Ill-health that Arise in the Home, and Some Preventive Measures:* Newer theories as to the causes of disease in general, environmental, constitutional and psychic. The rôle of bacteria, sources and modes of infection, and methods of reducing disease from all causes, through eliminating sources and building up vital resistance of individual. The household in relation to disease—location, construction, interior finishing, furnishing and housekeeping methods. Special importance of cleaning, care of laundry, preparation and care of food, destruction of insects and vermin, etc., in removing causes of disease. Relation of family customs and habits to ill-health, overcrowding sleeping arrangements, provision for recreation and exercise, eating habits, occupations, etc. Cost of carelessness, ignorance and bad housekeeping from economic and human standpoint. The essentials of healthful living conditions.

Practice. Methods of cleaning, damp sweeping and dusting, care of sinks, toilets, care of refrigerator, etc.

III. *Provision for the Care of the Sick in the Home:* Conditions to be met in chronic or light illness. Essential things in the care of sick people. Conservation and building up of strength, bodily and mental comfort, rational and skillful treatment, etc. Relation of surroundings to recovery, location of the sick room, furnishings and arrangement for different types of sick people. How to make the sick room sanitary, comfortable and attractive. Lighting, ventilation,

warming and cooling of the sick room. Protection from noises and methods of securing privacy. Disposal of excreta, soiled linen, etc. Care and cleaning of the sick-room and bath room. Management and routine of the sick-room.

Practice. Drawing plan of ordinary bed-room, showing how it would be arranged for a sick patient. Also plan of ideal suite of rooms for a chronic invalid.

IV. *Choice and Preparation of a Bed for a Sick Patient:* How the bed contributes to comfort and welfare of patient. Essentials of a good bed for a sick person. Best type of bedstead, springs, mattress, pillows, blankets, linen, etc., for sick people. How to protect the mattress. How to raise a low bed. Principles of bed-making. Making bed for a patient and helping her into bed. Clothing for sick patients. How to carry a sick or helpless person with stretcher, two, three or four-handed seat, chair or in arms.

Practice. Making bed and carrying patients.

V. *Making the Patient Comfortable in Bed:* Sources of discomfort in illness, due to position, tension, construction, pressure, pain, temperature, etc. Some principles and methods of relief. Use of pillows, rings, pads, cradles and supports. Changing positions, lifting and moving. Putting up on back rest and getting up in chair. Assisting to walk. Prevention and care of bed sores. Changing nightgown. Change of bed linen and making up bed with patient in it.

Practice. Lifting and moving patient and changing bed. Making cotton rings.

VI. *Bathing the Patient:* Functions of the skin. Purposes of bathing in health. Special value in illness. Kinds of baths, hot, cold and neutral. Effects of each and precautions as to use. How to give a tub bath without exposure or chilling. Preparation of room and materials for bed bath. Kinds of basin, soap, towels, etc., to use. Method of giving a bed bath to avoid chilling, fatigue or discomfort. Toilet of mouth, hair, nails, etc.

Practice. Review of last three lessons. Making bed, changing linen, lifting and handling helpless people, getting up in bed and chair, dressing and undressing, combing hair, etc.

VII. *Feeding the Patient:* Brief outline of process of digestion in health and normal food requirements. How disease may affect the normal digestive process. Importance of feeding in treatment of disease. Variation in kind, composition and amount of food required for abnormal conditions. General principles of feeding for milder illnesses, and convalescence. Selection, preparation and serving of food for sick. Tray equipment and service. A few refreshing and nutritious drinks for feverish conditions.

Practice. Setting trays for breakfast, dinner, lunch, fluid diet, etc. Preparing sample menus for commoner ailments.

VIII. *Early Evidences of Disease and Observation of Symptoms:* What constitutes disease. Comparison between older and modern methods of detecting disease. Importance of early and correct diagnosis by competent medical authority in all suspicious cases. Value of accurate observation in recognizing early symptoms and importance of good judgment in knowing what to report. Significance of variations in temperature, pulse, respiration, appearance, mental condition, pain, secretions, and violent disturbances, such as chill, convulsion, hemorrhage, etc. Referred symptoms from eye strain, decayed teeth, adenoids, etc. Symptoms that usually demand immediate medical attention. Symptoms that are suspicious when extending over a period of time. Early indications of tuberculosis, nervous and mental disorders, cancer, etc. General principles in reporting symptoms to doctor. Method of taking temperature, pulse and respiration and making simple chart.

Practice. Disinfect and read clinical thermometer, take temperature in mouth and axilla and count pulse and respiration in two or three different people. Compare results. Make 24-hour record for patient suffering from tonsillitis or some other common ailment.

IX. *The Treatment of Disease.—Medicines:* Types of agencies prescribed by physicians for the treatment of disease—drugs, food, exercise, baths, climate, fresh air, etc. Modern tendencies in the treatment of disease. The use and abuse of "home" remedies. Dangers of patent medicines. Common types of medicines—purgatives, emetics, tonics, etc. Importance of following physician's orders. Some rules and precautions in the taking and giving of medicines. Ways of making medicine palatable. How to give medicine to children. External applications, such as ointments, liniments, etc. The home medicine cupboard, its equipment and care. Precautions against mistakes in using drugs. Common poisons and their antidotes. General rules in first treatment of poisoning.

Practice. Study of weights and measures, and their common equivalents in teaspoons, cups, etc. Measuring medicines. Preparing common emetics and antidotes.

X. *Care of Slight Infectious Diseases in the Home:* Bacteria and protozoa in their relation to disease. Summary of recent advancements in treatment of communicable diseases. Importance of knowing kinds of infection, how it gets into the body, how long it takes to develop, how it passes from the body, vehicle through which the infection may be carried, and general ways of preventing spread. Some common

infections and their modes of attack. How the body reacts to toxins of disease. Incubation period of common infectious diseases. Symptoms which mark onset of these diseases. Importance of early recognition and prompt measures. General nursing care in common infections, such as colds, sore throats, influenza, mumps, etc. Precautions in these and the home care of tuberculosis, eye and skin infections. Care of room, bedding, etc., afterwards. Common antiseptics and disinfectants and their use.

Practice. Methods of disinfection of hands, linen, dishes, silver, utensils, excreta, sinks, wood work, etc. Preparation of a few common solutions.

XI. *Care of Milder Inflammatory Conditions:* Causes of inflammation, circulatory changes resulting in congestion of parts of organs. Stages of development. Some symptoms of acute and chronic inflammation. Common types of the inflammatory process in colds, sore throat, earache, ulcerated tooth, cuts, bruises, sprains, boils, styes, etc. General principles of treatment. Effect of cold, heat, and counter-irritants. Methods of applying ice bag, cold compress, hot water bag, hot fomentations and mustard plaster. Some substitutes for these.

Practice. Fill hot water bag and ice bag and apply. Put on cold compress to eye or throat. Apply hot fomentation. Make a mustard plaster and apply.

XII. *Common Ailments and Measures for their Relief:* Importance of free elimination in disease. Effects of constipation and methods of relieving through diet, exercise, etc. Purpose and use of the simple soap-suds enema, and methods of administration. Causes of summer diarrhoeas and general principles of treatment. Irrigation of lower bowel for diarrhoea and intestinal poisoning. Hot and cold irrigation and gargles for sore throat. Inhalation of steam for hoarseness, sore throats, etc. Method of giving a hot foot bath for relief of headache, sleeplessness, sore throat, etc. Method of bathing an eye for simple inflammation. Treatment for painful menstruation, nausea and fainting.

Practice. Preparation of simple enema and irrigation. Preparation and administration of other remedies, so far as is possible.

XIII. *Special Points in the Home Care of Sick Children:* Ways in which children differ constitutionally from adults. Differences in symptoms and treatment. Method of bathing sick baby, dressing and handling. Common disorders of the child. Early symptoms, such as rashes, chills, nausea, fever, etc. General points in nursing and management of slight illnesses of children. Emergency treatment of croup,

convulsions, earache, colic, foreign bodies in throat, nose, eye, etc. Hot mustard bath for convulsions. Croup tent.

Practice. Preparation for bathing and treatments above. Practice in bathing and handling child or doll.

XIV. *Special Points in the Care of Chronic Invalids, the Aged and Convalescent:* Difference between chronic and acute conditions and kind of care needed to relieve pain and discomfort, and if possible prolong life. Common conditions which last over long periods of time; heart, kidney, spinal and joint troubles, paralysis, rheumatism, varicose veins, tuberculosis, cancer, etc. Ways in which old people differ from younger. Conditions to be watched for and general points in care and treatment of bed-ridden patients. Ordinary rubbing of back and limbs, wrapping and bandaging limbs for pain, varicose veins, etc. Condition of patient during convalescence. Special indications for care in diet, exercise, etc.

Practice. Rubbing and bandaging sore limbs and joints.

XV. *Occupation and Diversion for the Sick:* The influence of mind over the body. Principles of mental hygiene. Value of occupation and diversion for interest and enjoyment. Value as treatment, and means of maintenance. Adaptation of occupation to interests, age, sex and physical condition of patient. Kinds of occupation and diversion possible for patients of common types. Books for sick people and how to read them. Necessity for keeping up interest in outside things. Possibility of developing new interests and capacities. Importance of counteracting the sick habit and making chronic patient feel of some use in the world. Exhibit of types of handicraft for sick people and suggestions for patients of various types.

REFERENCE BOOKS: NUTTING AND DOCK: *History of Nursing.* COOK: *Life of Florence Nightingale.* WALD: *The House on Henry Street.* NIGHTINGALE: *Notes on Nursing.* DELANO AND McISAAC: *Elementary Hygiene and Home Care of the Sick.* MACDONALD: *Home Nursing.* MACKENZIE: *Health and Disease.* LEE: *Scientific Features of Modern Medicine.* HILL: *The New Public Health.* FISHER AND FISK: *How to Live.* HOUGH AND SEDGWICK: *Human Mechanism.* PYLE: *Personal Hygiene.* LATIMER: *Girl and Woman.* CHAPIN: *Sources and Modes of Infection.* MORROW: *Immediate Care of the Injured.* LYNCH: *First Aid.* ROSE: *Feeding the Family.* FARMER: *Foods and Cookery for Sick and Convalescent.* GRIFFITH: *Care of the Baby.* Pamphlets by Children's Bureau on Prenatal and Child Care. TRACY: *Invalid Occupations.* CLOUSTON: *Hygiene of the Mind.* COURTENAY: *The Conquest of Nerves.* DITMAN: *Home Hygiene.* CABOT: *A Layman's Handbook of Medicine.* ROSENAU: *Preventive Medicine.* Nostrums and Quackery. ADAMS: *The Health Master.* ADAMS: *The Clarion.*

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Mrs. Walter Hines Page, wife of the American Ambassador to England, formally placed the flag of the United States with the ensigns of the Allies decorating the soldiers and sailors' buffet at London Bridge. Lady Haig, wife of the British Commander-in-chief, and Lady Jellicoe, wife of the British Admiral, also participated in the ceremony.

A young Texan, who enlisted in Ontario, had the honor of being the first to carry the American flag into battle in the European war. He went up to the assault of Tholens with the Stars and Stripes fluttering from his bayonet. He was wounded, but was picked up and taken to a hospital.

The death of Count Zeppelin recalls the fact that in the flush of the first success of his airships, the Germans named him King Zeppelin and the Kaiser, forgetting himself for one moment, hailed him as the greatest German of the twentieth century. His popularity declined with the failure of his airships to strike terror into England. He took part as a volunteer on the northern side in the war to preserve the Union. He was born in 1838 and died at Charlottenburg, near Berlin, at the age of seventy-nine.

Mrs. Harley, a sister of Lord French, at one time Commander-in-Chief of the British army, was killed at Monastir by Bulgarian shell fire. She was in charge of a motor ambulance unit with the Serbian army. She went to France early in the war as one of the staff of the Scottish Women's Hospital, which was equipped by the National Union of Women's Suffrage Societies. When the French expedition went to Salonica the French government asked that this hospital should accompany it. She had a son serving in France and two daughters in nursing work at Salonica.

The Nizam of Hyderabad has given the British government half a million dollars towards the anti-submarine campaign. He is India's richest ruler.

The proceeds of Lord Northcliffe's book, *At the War* are given to the Prisoners of War Fund, controlled by the British Red Cross. The money is expended for friendless British and overseas prisoners. From November 27 to December 31, 1916, the profits amounted to \$500 per day and still continue.

Mrs. Mildmay, the wife of a colonel and member of Parliament, recently told a meeting of young women in England that before the war she thought she was too delicate to get up until one o'clock. She now rises at 5 a.m., and ploughs for hours.

His Imperial Highness, Prince Alexander of Oldenberg, commander-in-chief of the Imperial Russian Medical Service, has invited a number of convalescent British army and navy officers to be his guests for treatment at the Caucasian health resorts.

Owing to the shortage of men in Germany the Imperial Chancellor has decided that women shall be allowed to act as clerks in the ordinary criminal courts.

Trained women cooks are being employed in the home camps of the British army and trained men cooks are sent to cook for the soldiers at the front. There are 52,000 of these experts in the service and they are saving food at the rate of \$20,000,000 a year, while feeding the soldier better than he was fed before their advent.

A one man carrier has been devised to send food to men in posts of special danger in the front trenches. A double skinned tank, which will hold food for twenty or more men is strapped on a man's back. It is filled out of reach of the enemy's guns and the bearer walks, or crawls, as circumstances demand, until he reaches the hungry men.

The iron ration, which every soldier carries to fall back upon in an emergency, consists of bully beef, otherwise tinned or canned beef, biscuits and compressed foods of various kinds, sufficient to keep a man going for several days at a pinch.

Queen Elisabeth of Belgium has personally visited the Pope and implored him to intervene to lessen the German atrocities in Belgium. Pope Benedict listened attentively to her eloquent recital of the sufferings of her people.

It is asserted that General Kuropatkin, the governor of Riga, received a bribe of \$8,000,000 from the Germans to surrender the city into their hands. He accepted the money and turned it over to the Duma government at Petrograd. When the German commissioner found that the city was not to be evacuated, he committed suicide.

It is said that the German Empress sent all her private jewels, which are very valuable, to a neutral country, to be sold.

Labor difficulties and strikes have been reported from various parts of Germany during the last few months: in the great Vulcan works at Hamburg, where most of Germany's huge ocean liners have been built; in the Krupp works at Essen, the heart of the munition and artillery work; among the munition workers at Dusseldorf, and the coal miners at Renzburg; besides food riots in Berlin and elsewhere.

EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

WAR MEASURES. War is breaking upon us. Money, men, food, and ships our Allies ask. Congress, since it declared that we are at war with Germany, has been hurrying to pass most imperative war measures.

MONEY. The "Seven Billion Dollar Bill," or the "Liberty Loan," to carry on the war and to lend the Allies, passed quickly and unanimously. It was the largest single appropriation ever made by any government, for any purpose. Five billions are being raised by non-taxable government bonds, which are rapidly being subscribed. Three out of this five billion are to go to the Allies. Already loans have been made to England, France, Russia and Italy; while Belgium and Cuba have applied for them. Two billion dollars will be issued in what are called short-term Treasury certificates of indebtedness, for which rent and coming taxation will presently pay.

MEN. The next measure, the Army Draft Bill, met some opposition, but finally passed both houses. Minor points of difference are now being settled, some of the most interesting being: the age-period for enlistment; allowing Roosevelt to recruit a volunteer force for service in France; and whether men engaged in farm work should be exempted. The bill provides that able-bodied male citizens between certain ages, with certain exceptions, shall be drafted for military training and service, a quota from each state in proportion to its population. Plans for the registration of all eligible citizens are ready to be carried out the moment the bill is signed. The installment of 500,000 men will be put in training at once in sixteen national training centers. Fourteen camps for training officers for this army are already in operation. Meanwhile the Regular Army and the National Guard must be recruited to war strength. To guard our defenses, resources, transportation and border, will take a large army, and our Allies are asking for our flag on the western front. On account of our lack of shipping and of trained soldiers we can send abroad at present only certain skilled personnel: such as medical officers, offered by the American College of Surgeons; engineers to repair the much-worn and damaged bridges and railways near the battlefields; hospital units and supplies to help in caring for the tens of thousands of wounded in the victorious

offensive of the Allies on the western front; aviators, who can be quickly trained, and who are needed for the army as scouts.

FOOD. Besides men and money, the famine-stricken world must have food. Mr. Hoover, who has been appointed head of our new Food Board, says that America must double her food production or by fall our Allies, England, France, and Italy, will face a serious condition. A bill has been introduced into both houses of Congress to give the Government supervision of the production and distribution of food, and of its maximum and minimum prices. Speculation in food will be stopped, production of food stimulated. It is suggested that men non-eligible for military service be mobilized for food production. Boys of sixteen, below military age, are being recruited for farm work. Seed, fertilizer, and labor, the three great needs of the farmer, are to receive the attention of the Government. Private citizens through national, state, and town organizations, are being urged to plant vacant lots. The Secretary of Agriculture has made a special plea to housewives not to waste an ounce of food; such waste by each person means over a million pounds a day, which represents the labor of many men.

SHIPS. The submarine menace has increased alarmingly and cut off almost half of England's shipping. To send food to our Allies we must have ships, and these we sadly lack. The ninety-six interned German ships, which the Government took over when the war was declared, are being repaired for immediate use. Coast-wise ships, and ships from the Great Lakes will also be diverted to over-seas service. General Goethals, builder of the Panama Canal, has charge of the construction of a fleet of one thousand wooden ships, to be built at the rate of three a day, to carry food and munitions to the Allies.

One of the most significant things happening in the world today is the conference in Washington between our Government and the envoys of England and France in regard to our joint cooperation in the war. The *New Republic* says the conference is "a gigantic experiment in internationalism" . . . "it deals not with dynastic and diplomatic alliances but with the cooperative control of those vital supplies on which human life depends," and that "this is the birth of the League of Nations." England has sent as her chief representative Balfour, "the elder statesman of the world." France has sent Marshal Joffre, "the hero of the Marne" (a battle that changed the course of civilization), and Viviani, her Minister of Justice, "the eloquent voice of France." The men of this conference went to Mt. Vernon and at the tomb of Washington voiced their faith in each other and in the cause of democracy in the world.

NURSING IN MISSION STATIONS

TREATMENT TRAYS

BY NINA D. GAGE

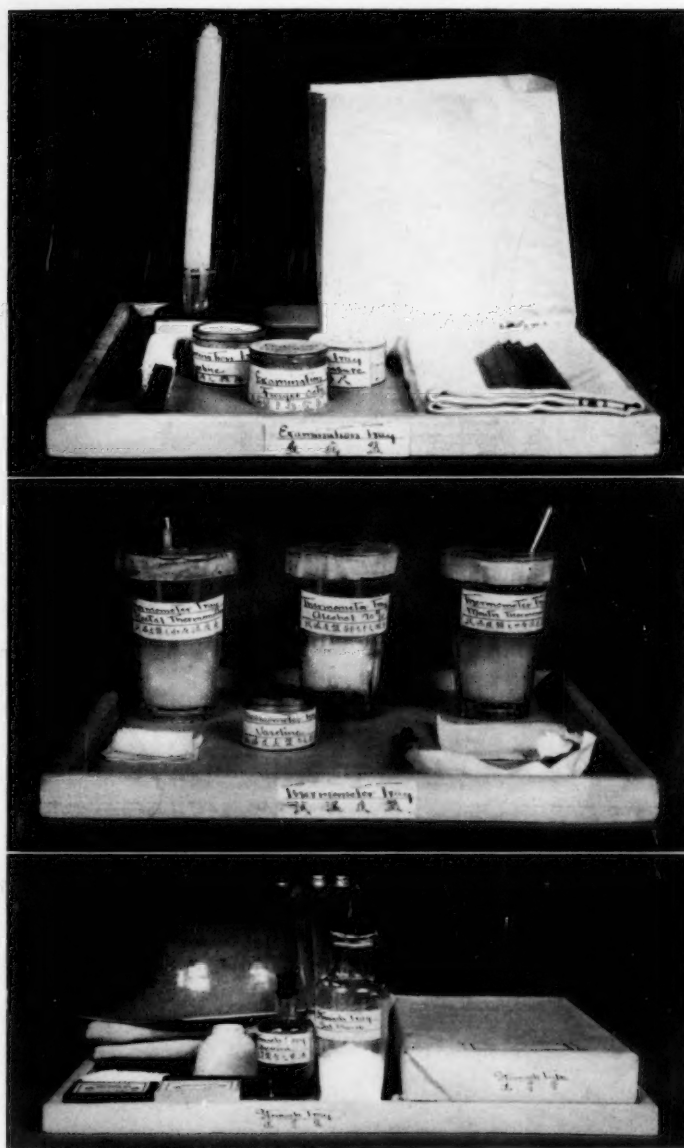
Changsha, China

A set of trays like those in the accompanying illustrations, while not new in American hospitals, is new to China, where scarcity of money has been thought to preclude the possibility of duplicating apparatus. As training nurses in system, speed of work and taking of responsibility is all-important, and as a system of trays is one of the most reliable means toward this end, we have tried to plan a set which should serve the purpose and yet not be prohibitive in cost.

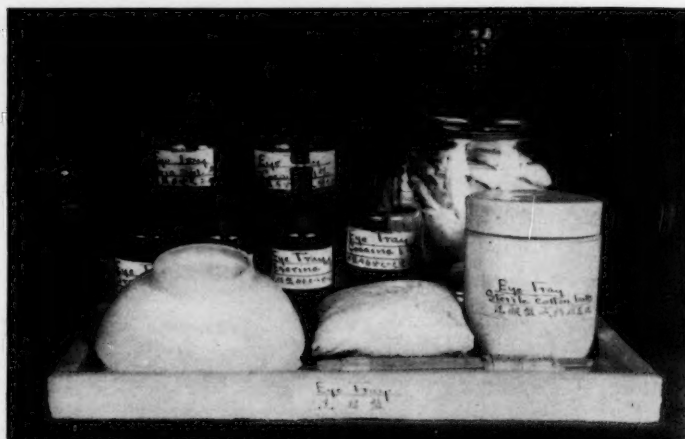
The pictures show those devised for the Hunan-Yale Hospital wards and dispensary. Trays, jars, pus basins, paper bags, were all made or bought locally, so that the expense is inconsiderable. Instruments must always be purchased at home.

In most hospitals, one set of trays for each ward would be required, omitting of course special ones, like the dressing tray for the medical wards, etc. In a smaller hospital one set of trays, only, would be required. The saving of time necessary for a treatment, by having everything at hand and all articles together in an emergency, more than pays for the few extra instruments needed. Since using these trays, we have found our nurses quicker, more efficient, and better able to take responsibility, so we think the system has proven its value many times over.

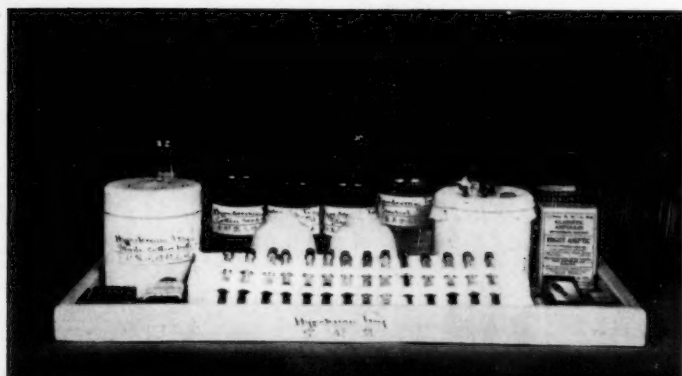
TAR DRESSING FOR BURNS AND WOUNDS.—An Italian medical journal advocates vegetable tar, slightly heated to render it more liquid, as a dressing for frost-bitten feet, burns and other minor wounds. There is relief from pain and itching and the healing is more rapid. It is poured on, does not grow dry or stiff and can be washed off with alcohol or benzine.



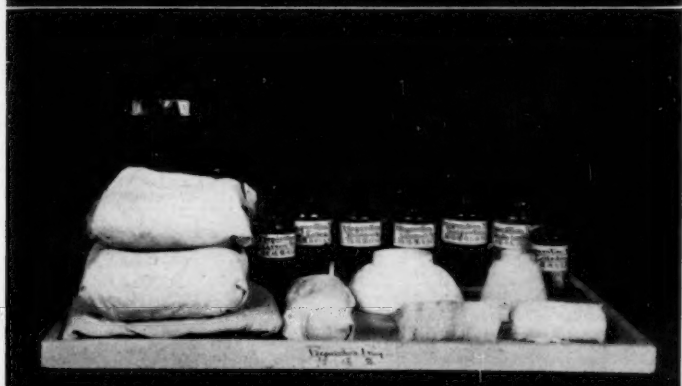
1. EXAMINATION TRAY
2. THERMOMETER TRAY
3. STOMACH TRAY



4. EYE TRAY
5. CATHETER TRAY
6. DRESSING TRAY



7



8



9

- 7. HYPODERMIC TRAY
- 8. PREPARATION TRAY
- 9. EMERGENCY TRAY

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

It has long been known that the nurses of Holland are justifiably dissatisfied with their conditions of work, pay, and, most of all, professional training, which is nowhere what they wish it to be. The chapter on Holland written by Miss Van Lanschot Hubrecht for *A History of Nursing* is a graphic and deeply interesting account of the efforts made to improve these conditions.

During the past winter the Dutch nurses' journal, *Nosokomos* (the name, also, of their association), has reflected difficulties so very different from ours at home, that I hardly ventured to rely on my imperfect powers of translating the Dutch language to describe the situation. Now, however, an account of it received in a letter from Miss Hubrecht tells the series of events, which are important to us as affecting one of the national branches of the International Council of Nurses, and interesting as showing to how great an extent the lives and fortunes of nurses in Europe are affected by the general political situation of their countries.

Miss Hubrecht writes:

Last winter I resigned as president of *Nosokomos*, not as a member of the board, however, in order to give all my time to suffrage work. At that time a wish was arising among the members of the board, myself excepted, to join the federation of Social Democratic trade unions. I was opposed, certainly not because of want of democratic understanding on my part, neither from a lack of sympathy with the struggle of the working people, but because I am of the opinion that all nurses, Conservatives, Liberals, and Social-Democrats, must be members of one and their own association, as, by joining a federation of trade unions of a certain political faith, many would be excluded. Besides that, *Nosokomos* has to contend in the first place for a better training and in the second place for better salaries and shorter working hours, whereas trade unions must only fight for the last two things.

Last November a committee for revising the salaries of the functionaries attached to the universities (in libraries, laboratories, etc.) including the nurses of the hospitals attached to those universities, was appointed by the government. *Nosokomos* was consulted as to its wishes by this committee and also by an association of government officials (clerks, nurses, etc.) which has joined the federation of trade unions above mentioned.

At a meeting of the Board of *Nosokomos* in December we resolved to ask for a conference with delegates of the association of government officials (which for brevity will be called the A. G. O.) and the Male Nurses League in order to decide

on a uniform program for salaries, working hours, etc., for the nurses in those hospitals.

Three members of our board were chosen as delegates. I was not one of them. The male nurses then refused to take part in our conference; the A. G. O. agreed to do so, but only on condition that this temporary coöperation should be considered as the first step toward a union of Nosokomos with the A. G. O. Nosokomos would thus become a sub-division of the A. G. O. Without consulting the members of our association, the board accepted this condition at a meeting later at which I, being ill, was not present.

A few days later the daily papers had a paragraph communicated to them by the united boards of Nosokomos and the A. G. O. stating that these two boards had resolved to coöperate in the special case of this committee of inquiry, but that also they agreed in holding that as the final result of this coöperation, the two bodies should unite into one. A few days later our journal, *Nosokomos*, confirmed this news, and righteous indignation was excited in many nurses over this proceeding of the board. Three well known nurses conferred with the board to point out to them that they had exceeded their constitutional powers in thus acting without consulting the members and to ask them to recall their public statements. They refused to do this, and insisted on their power to do as they had done. I, therefore, resigned from the board, and with the other three, published a call to our members in which we explained our disapproval of the board's proceedings, and asked for the signatures to a demand for a general meeting. This call to the nurses was the beginning of a painful controversy which lasted until March 10, when the meeting took place. At this meeting strong resolutions of disapproval of the board's action were carried by a majority, but, though almost any other board would resign under such censure, this one refuses to resign.

Consequently I resigned as editor of our journal, any other course being impossible. . . . Nosokomos was like my own child, and now it is taking such a wrong direction, big salaries and short hours being placed first, and training only coming second. A number of nurses wanted me to start a new society but in our small country there are already too many different associations of nurses.

From the point of view of our International Society this probably means the temporary loss of Holland nurses. It should be explained here, again, that the International Council of Nurses only includes in its membership national groups which are *self-governing*, as our Societies of Nurses are here at home. It does not pretend nor try to include all nurses or groups of nurses, nor even wish to do so, because, abroad, the majority of nurses in European countries are under the organized control of hospitals, or administrations, or associations of laity, in which they have little or no voice as to their own professional standards.

The International Council is radical, or *féministe*, or what one likes to call it, enough to wish to help and encourage those revolutionary nurses who wish to be "free" of outside control after their training has been completed, and consequently in every country its membership consists of those advanced groups under the leadership of pro-

gressive women of vision, and only of those. So strictly has this aim been followed that even the Australian Nurses' Association has been held off as a full member because it includes medical men as members and officers. Certainly in a country where every woman possesses the ballot there should be no prejudice against medical members, but it was felt that it would not be easy to draw the line and show the difference, and, just as certainly, in Europe no nurses' association could admit medical men without being completely dominated by them. From the point of view of the Dutch nurses' own interests we feel it to be a great mistake that they have thus made. Whatever political party they may join, composed of voting men and disfranchised women, they will certainly be used by it as a pawn and will lose their organized identity. Nurses are peculiarly liable to exploitation,—it is hard to say just why, one may think it out for one's self.

Doubtless the day will come when they will perceive their error. It can be repaired then, and they can return to their own separate constitution. *Cooperation and friendly affiliation with all, but no merger with any other body, is our standard.*

The Missouri State Board for the Examination and Registration of Nurses will hold the next State Board Examination as follows: In St. Louis at the Planters Hotel, Tuesday and Wednesday, June 19 and 20; In Kansas City at the Coates House, Thursday and Friday, June 21 and 22.

MARY E. S. MORROW, R.N.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

CAMPHOR AS A PRESERVATIVE.—An Italian medical journal recommends dropping a scrap of gum camphor into bottles of solutions that deteriorate rapidly. It floats on the surface and seems to destroy germs entering the bottle. Even if the lump, the size of a pea or larger, dissolves in the fluid, no harm is done as camphor is used both internally and hypodermically. White of egg was thus kept unaltered for ten years, and a 5 per cent solution of gelatin for a year or more.

CONJUNCTIVITIS FROM CATS.—Three cases of conjunctivitis contracted from fondling cats are reported in the London letter of the *Journal of the American Medical Association*. In each case the cat was proved to be the culprit by cultures made from its fur.

LABORATORY NURSES TRAINED.—In the report of the Harvard Cancer Commission, including the Huntington Memorial Hospital for Cancer Research, it is stated that a course for the training of nurses in laboratory work has been developed, one of the graduates being now with the Harvard Unit in France.

EXPERIMENT IN ORAL VACCINATION.—A series of experiments in vaccination is reported in the *Journal of the American Medical Association*. Twenty-five persons were given one tablet of vaccinium daily, by mouth, for seven days. On the eighth day twenty-four were vaccinated in the usual manner by scarification. Of these, twenty gave positive results, four negative. One patient developed smallpox while taking the vaccinium tablets. The oral method has been discredited in Germany.

RED CROSS HOSPITALS ORGANIZED.—The American Red Cross has organized a series of base hospitals in the larger cities, as a part of preparedness for war. In each case one of the leading hospitals is chosen as a centre. New York, Boston and Chicago each have a number; Philadelphia has two and smaller cities from Baltimore to Denver have, so far, each one.

TRAINING SCHOOLS.—In an article in the *Journal of the American Medical Association* on Some Hospital Problems, it is stated that as is the training school so is the hospital, because a good training school in a poor hospital is unthinkable, and the converse holds equally true. The case of a pupil who wishes to leave a training school because the

instruction that she is receiving is inferior, is discussed. She will not be accepted by another school unless she can obtain an honorable discharge, which is often impossible. The writer adds, "Of all women, none are quite so helpless as the pupils in a training school."

ALLEN TREATMENT OF DIABETES.—Frederick M. Allen has devised a method of treating diabetes by limiting the supply of food, which has proved effective in many cases and attracted much attention. He states that diabetes is merely the weakness of a bodily function, that is, the function of assimilating certain foods, performed by the pancreas. It may be compared with indigestion. A weak stomach may never become a strong stomach but there is no cause for death unless the patient abuses the weak stomach. The possibility, and perhaps the probability, exists that a weak pancreas is something the same. It can be broken down by overstrain, or strengthened by rest. In his treatment the patient is kept in bed and fasted until the glycosuria disappears, perhaps for twenty-four to forty-eight hours longer. Water is taken freely and clear meat broth, tea and coffee have been permitted. He is then placed on a diet of vegetables containing 5 per cent of carbohydrates, such as lettuce, spinach, celery, asparagus, Swiss chard, etc. The original fast may last from three to eight days, usually not over four days. After this it need not be longer than one day. A regular diet table is published. The urine is tested daily for sugar, and changes in the diet are made according to the findings. In order to prevent a return of the glycosuria the diet is slowly increased after the starvation days.

THE AMBRINE TREATMENT OF BURNS.—The *Medical Record* says in an editorial that Lieutenant-Colonel Hull of the Royal Army Medical Corps has found a preparation, called by him No. 7 paraffin, as superior even to ambrine in the treatment of burns. The formula, resorcin 1 per cent, eucalyptus oil 2 per cent, olive oil 5 per cent, paraffin mobile, 25 per cent, paraffin durum, 67 per cent. Melt the paraffin durum, add the paraffin mobile and olive oil. Dissolve the resorcin in absolute alcohol (soluble 2 in 1), add the alcoholic resorcin and lastly the eucalyptus oil when the wax has cooled to about 55°C. The hard paraffin is subjected to a temperature of 130°C. by means of superheated steam. This is believed to be the essential process in the manufacture of ambrine. The results in healing are said to be marvelous.

DIARRHOEA IN THE BREAST-FED INFANTS.—A writer in *Russe Medicale* says that if a nursing infant develops diarrhoea it is unnecessary to give it anything but water. The intervals between feedings should be lengthened and a few teaspoonfuls of boiled water given between.

SMALL-POX VACCINATION BY PUNCTURE.—A writer in the *British Medical Journal* describes the method of vaccination in use in Canada since 1915. The arm is washed with soap and water, rectified spirits and ether. The vaccine is expelled at three or four points on the arm, the needle puncturing the arm through the drops of vaccine. No blood is drawn, not over one thousandth of an inch of the needle penetrates the epithelial layer.

A FRENCH STRETCHER.—A stretcher invented for the trenches by a clergyman, that might be adapted for use in civil life, is described in the *Medical Record*. Its chief feature is a joint that can be flexed at a point corresponding to the patient's hips. It is made of two ash poles, 7 feet and 1 inch long, with hinges at about the center. This hinge can be locked at any desired angle. There are three cross bars, two of them at the ends of the stretcher; if necessary, the handles can be brought round inside and grasped with these transverse bars. It would be useful to carry patients up and down narrow stairs with turnings.

MUCOUS MEMBRANE OF THE NOSE.—The *Journal of the American Medical Association* says that it has been estimated that under normal conditions in large cities from 15,000 to 20,000 bacteria enter the nose in one hour's quiet respiration. Yet when the mucous membrane is intact, few of these organisms ever reach the naso-pharynx in a viable condition. The mucus secreted is in some measure responsible; a litre a day has been reported as the amount of the secretion. It is said to have an inhibitory, if not an actual bactericidal effect on germs. The highly specialized epithelium of the trachea and nose is effective as a protection against unorganized dust.

MAGNESIUM SULPHATE IN TETANUS.—A Dutch Medical Journal reports good results from the administration intravenously of 50 cc. of a 10 per cent solution of magnesium sulphate twice a day in tetanus. The patient was a young man and the symptoms occurred five days after one of his toes had been pierced by a rusty nail. The spasms ceased and recovery took place in two weeks.

ALLIGATOR PEAR IN DIABETES.—The *Journal of the American Medical Association* says that a Peruvian medical journal recommends the alligator pear as a welcome addition to the diet of diabetic patients. It is a common fruit and does not contain starch or sugar.

TAX ON SACCHARIN.—The shortage of sugar in the European countries at war has led to an increased use of saccharin, which possesses a sweetening power from 400 to 500 times greater than that of sugar made from sugar cane. To discourage its use the French government proposes to tax it heavily, making it as expensive as sugar.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

TWO SUGGESTIONS

DEAR EDITOR: Nurses should always wash off the outside of milk bottles before placing them in the refrigerator, as the hands of the milkman may be covered with germs.

Sometimes in summer, a nurse finds herself in the cottage of a hotel or club, caring for a patient. One day last summer I was sent to a summer resort with a small child, suffering with colitis. The child had many stools during the day and we were in a cottage without a toilet, the only one accessible being across the lawn in the main hotel. It was very embarrassing to carry a slop jar back and forth, as there were always a number of young people out under the trees. Also the weather was far too hot to wait until after dark as these discharges would attract flies. So I went down to the village and purchased a small tin pail with a lid, which I could slip under the commode. Then, as I also carried broth and milk back and forth in a similar pail, no one could detect one from the other.

Massachusetts.

M. E. H.

HOSPITALS MUST ECONOMIZE

DEAR EDITOR: I have often thought that the use of hospital supplies could be greatly economized if all the staff would cooperate and help reduce needless expenditure. Every effort should be made to save waste always, but at this time it is an absolute duty, as war has been declared and the country has great expense and trouble to contend with. The suggestion-box which many offices and factories have, gives employees a chance to help the owners decrease waste and expense. The company pays a dollar or so to the person who makes a suggestion which is accepted. This inducement is necessary, for few workers are altruistic enough to spend their spare time for their employers' good. Into the suggestion-box are put ideas the workers have thought out, that might improve the business in any way. The following story is a good example of this. A business man gave a bright office boy in his employment \$10 for a suggestion that would save the firm \$20 or more a day! The boy was delighted with his reward and would tell his fellow-workers of his good fortune. Many of them would bring similar plans to their employer in hope of the same reward. "It pays to advertise" seems to be the business men's motto and *they* know that cooperation with the workers oils the wheels of business and helps the machinery run smoothly. Why cannot hospitals adopt more business-like methods and allow the nurses in training to express their opinions? Many will reply to this question by saying that hospitals are run on military lines and are disciplined accordingly; that may be so, but in both army and navy, the chief in command gives some of his time to complaints of his officers and men and will quietly consider new plans. In the average training school the nurses receive a very cold reception if they venture to make any suggestions and may

even receive censure. Surely a broader-minded attitude would do no harm to any one. The nurses' suggestions might save the hospital large sums. The authorities could refuse any plans that they knew would not work well, but if nurses felt that their opinions were valued, they would be encouraged to make efforts to save waste of the hospital's supplies.

New York.

A PUPIL NURSE.

PRIVATE DUTY DURING TRAINING

DEAR EDITOR: I was much interested to read the advice given in the Department of Public Health Nursing in the JOURNAL for April regarding the necessity of doing at least some private nursing before taking up public health work. The statement is there made that private nursing or district nursing or both are absolutely essential for the nurse who intends to take up this work, no matter how good her hospital training has been, that many nurses who have undertaken public health nursing without it have failed. The implication is that the nurse as graduated from the training school is not fitted to take up anything but hospital work, since she has done no private nursing, which is held to provide the best, nay, indispensable training for district and public health nursing. Nowhere have I seen the advantages of experience in private nursing better set forth than in this place. The account given is most convincing. Why, then, not make private nursing a part of the curriculum and graduate nurses fit to enter any field of nursing? How much better is it for the patient in the home to have an inexperienced recent graduate, confident, full of hospital routine, and standing for the first time on her own responsibility than an undergraduate, whose habits are not so fixed as to be immovable, and who is still under supervision and accountable for her work to the training school? Why should the nurse immediately after graduation have to take a post-graduate course in private nursing, even if she is paid a good price for it, when she wants to be getting started in her own line of work, just because she has not been properly trained. Moreover, will not such training come harder where hospital habits are firmly fixed? Yet the effort has been made for years to bar private nursing from the training school curriculum or, where that has seemed impossible, to put it off until the last moment as being a drawback rather than a gain. The Waltham Training School, which for many years has given such training to its pupils because it realized what an advantage it was to them and also to the hospital, to which they came back with a better understanding of the patients and a greater capacity to bear responsibility, has been tabooed on this very account. Was it not merely a little ahead of the times? Is not private nursing, like district nursing and the preliminary course, both of which were first introduced into the training at Waltham, destined to become a regular part of the training in many schools?

Massachusetts.

ANNETTE FISK.

THE OTHER SIDE OF NIGHT DUTY

DEAR EDITOR: As I looked hurriedly over the contents of the May JOURNAL, I saw The Prosaic Side of Night Duty. I turned to read it at once, for I have spent at different times no less than one and one-half years of my life on night duty. I do not wish to argue or disagree with anyone, especially not with a fellow nurse; however, if the author of The Prosaic Side of Night Duty happens to have any more night duty in store for her, I hope she'll change her attitude.

I wish that every girl who enters training might know what a change of attitude can mean. My first night duty was, well, there's no word that can express the terror of it, the fears, the awfulness of the responsibility, the loneliness, the dread, for I was the only nurse on duty in a big old-fashioned house improvised as a hospital. The boards in the upper floor creaked. the attic was said to be haunted, there were rats in the basement walls, and to add terror, two patients died, two nights in succession, these patients being the first dead I had ever seen. I, too, felt the loneliness of the day, the lack of night sleep, etc. But I want to tell you how I learned to feel differently. I wrote a dreary, homesick letter to my mother and it was her answer that helped so much. "My dear, dear, little daughter," she wrote, "please change your glasses. I understand, I know just how you feel, but child, it's not night duty, but all of life, that's terrible, if you are unfortunate enough to see it that way. So put on your love-colored glasses and ask your heavenly Father to help you see this as the work he has given you." It is said that religion and state are separate. Maybe so, but religion and nursing are related I know. All the brotherly love, the spirit of missions, godly fear and faith are called on if one would be a truly good nurse and exercise the fullness of her woman's rights. I have been so busy that there was no time for a lull in the morning hours. I've had so few patients that the night seemed like eternity, but I was on duty, I must make the best of it. No matter how busy, no matter how worried, there's always time for prayer for the dying, also prayer, as well as service, for the suffering. No matter how we must hurry, a kindly spirit can accompany the deeds we perform for those in our care. That first night duty was four years ago. Just last night I was on duty on that same hall, the same lonely house, but what a difference! I was supremely happy, glad of the privilege of the responsibility, thankful for the health that lets me work, not a bit affected by rats, the creaking boards or the loneliness. For the possession of the human lives in my care made me feel rich indeed. Then a word as to turning night into day. Some of us must do it. What must be done can be done, so why not make it pleasant? I certainly agree with the JOURNAL about the sunlight for sleeping. My bright, airy room is very dear to me. After a pleasant greeting from the day nurses, whom I find quite sympathetic, I eat a hot breakfast and go into the sunshine, this glorious sunshine, and say, "My, it's great to be alive." At 9 a.m., I go to bed to sleep as long as I can. It is not always as much as I wish, but I find sleeping, as everything else, is influenced by one's thinking. The happy, contented person goes to sleep much more rapidly than does the dissatisfied, worried one. At about 4 p.m., (with a variation for Sundays) I bathe, dress and go out. I feel quite at home among my church people and spend the hours until 7.30 p.m. very happily, visiting my friends, attending church meetings and at least one service on Sunday. I find my life off-duty very pleasant, but I am never sorry when seven-thirty comes. In many ways, as a nurse, I am a failure. I do not say nursing is the only or greatest profession for women, I do not say everyone can like night duty, but I do wish every woman who has it to do could receive as much pleasure from it as I do.

Virginia.

S. C. W.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

At the directors' meeting held before the convention, the following alumnae associations were accepted as members: Easton, Easton, Pa.; New England Deaconess, Boston; St. Francis, Pittsburgh; St. Francis, Trenton, N. J.; St. Joseph's, Yonkers, N. Y.; St. Mary's, Rochester, N. Y. Incorporation under the laws of the District of Columbia was secured during the convention. The report of the business meetings of the Association will be given in the July JOURNAL; the papers read will be published in the JOURNAL for July, August and September.

Interstate secretary. An interstate secretary will be appointed by the directors at their October meeting, her salary will be assured, but her travelling expenses are to be paid by the associations desiring her services. She will represent the interests of the Association, the JOURNAL and the League. Associations desiring her presence at their meetings during the fall are asked to send requests to the AMERICAN JOURNAL OF NURSING, 45 South Union Street, Rochester, N. Y. These requests will be sent to the committee having the matter in charge and an itinerary will be made out, ready for the secretary when she shall be appointed.

KATHARINE DEWITT, *Secretary.*

THE ISABEL HAMPTON ROBB MEMORIAL FUND

At a meeting of the Isabel Hampton Robb Memorial Fund Committee, the scholarships for 1917-18 were awarded to the following applicants: Theresa I. Richmond, Newton Lower Falls, Mass.; Evelyn I. V. Howard, New York City; Chloe M. Stewart, Des Moines, Iowa; Olive I. Thompson, Baltimore, Md.; Daisy E. Perrine, Cleveland, O. The following were named as alternates: Mary G. Fraser, Cincinnati, O.; Pauline H. Atwater, Macomb, Ill.; Grace L. Reid, Akron, O.; Virginia R. Clendenin, Baltimore, Md.; Irene R. English, Brainerd, Minn.; Ruth L. Bowen, Cleveland, O.

NURSES' RELIEF FUND, REPORT FOR APRIL, 1917

Receipts

Previously acknowledged.....	\$3,662.90
Interest on bond.....	20.00
Eleanor McI. Jones, New York City.....	5.00
Leonora L. Johns, Omaha, Neb.....	1.00
Allentown Hospital Alumnae Association, Allentown, Pa.....	10.00
Hanna W. Baker, South Orange, N. J.....	1.00
Bertha M. Easton, Pasadena, Cal.....	5.00
Emma D. Keiler, Pasadena, Cal.....	1.00
Mrs. Chas. Lockwood, Pasadena, Cal.....	10.00
Grace A. Wallace, Pasadena, Cal.....	3.00
A friend, New York City.....	10.00

Mrs. Janette F. Peterson, Pasadena, Cal.....	\$1.00
Hazel F. Minton, Los Angeles, Cal.....	1.00
Minnie H. West, Pasadena, Cal.....	3.00
Margaret Cain, Pasadena, Cal.....	1.00
Mrs. Laura Mitchell, Pasadena, Cal.....	5.00
Adelaide E. Whitecombe, Pasadena, Cal.....	1.00
Mrs. Edith Fairchild, Los Angeles, Cal.....	1.00
Agnes Effie Schenck, Ocean Park, Cal.....	.50
Laura F. Hamlin, Los Angeles, Cal.....	.50
Bella McLean, Los Angeles, Cal.....	1.00
Margaret Wirt, Los Angeles, Cal.....	.50
Nellie F. Miller, Los Angeles, Cal.....	.50
Marian E. Pollock, Los Angeles, Cal.....	1.00
A friend, Pasadena, Cal.....	1.00
Christine E. Kiell, San Francisco, Cal.....	2.50
Sara C. Paulsen, San Francisco, Cal.....	5.00
Lida C. Savage, San Francisco, Cal.....	5.00
Elizabeth Reading, New York City.....	3.00
Graduate Nurses' Association of Augusta, Ga.....	5.00
Alma E. Wrigley, Pasadena, Cal.....	15.00
Mrs. Agnes J. Gibson, Los Angeles, Cal.....	1.00
Mercedes Yuhuke, Oakland, Cal.....	1.00
Contributions secured by Agnes McNally, Hot Springs, Ark.:	
Alma M. Furr, Texarkana, Ark.....	1.00
Cora D. Wallace, Louisville, Ky.....	1.00
Maria Kruse, Hot Springs, Ark.....	1.00
Katherine E. Jonah, Hot Springs, Ark.....	1.00
Minnie M. Mackenzie, Hot Springs, Ark.....	1.00
Annie L. Taylor, Hot Springs, Ark.....	1.00
Elizabeth M. Dennee, Hot Springs, Ark.....	1.00
Hannah L. Levine, Hot Springs, Ark.....	1.00
M. S. Sims, Hot Springs, Ark.....	1.00
Elizabeth Fox, Hot Springs, Ark.....	1.00
Mrs. Jennie S. Sperry, Hot Springs, Ark.....	2.00
Mrs. H. C. Graham, Hot Springs, Ark.....	2.00
Mrs. E. E. Johnson, Hot Springs, Ark.....	1.00
Ruth Wilson, Hot Springs, Ark.....	1.00
Regenia H. Kaplan, Hot Springs, Ark.....	5.00
Anna M. Janda, Hot Springs, Ark.....	5.00
Ruby J. Morris, Hot Springs, Ark.....	5.00
Ella Skirring, Hot Springs, Ark.....	5.00
M. Agnes MacNally, Hot Springs, Ark.....	5.00
Anna C. Maxwell, New York City.....	25.00
Cooper Hospital Alumnae Association, Camden, N. J.....	25.00
Nurses' Registry Association, Colorado Springs, Colo.....	10.00
Lillian E. Tucker, Philadelphia, Pa.....	1.00
Caroline W. Bentley, Los Angeles, Cal.....	4.00
Edith Hutton, Scranton, Pa.....	1.00
Mary J. Hall, Oakland, Cal.....	5.00
Conemaugh Memorial Hospital Alumnae Association, Johnstown, Pa...	10.00

St. Timothy's Hospital Alumnae Association, Roxborough, Pa.....	\$5.00
Mary A. Perkins, Pasadena, Cal.....	1.00
Cleveland General and St. Luke's Nurses' Alumnae Association, Ohio	25.00

Received from Mrs. Janette F. Peterson, chairman California State Nurses' Association, \$64.50. Contributed through the Alameda County Nurses' Association, \$1.00 each: Hester Thomas, Edith Sheperd, Elizabeth McCarthy, Maud Marshalls, Hannah C. Rydlund, Mrs. Mabel Gregson, Maude Phillips, Olga O. Sorsdahl, Ora Arnold, Marie Adelaide Jacobson, Beulah L. Ryder, Nellie Were Turner, Mrs. E. Ade Tyler, Eleanor Stinson, Margaret Williams, Frances F. Sussman, Minnie Sutherland, Helen R. Burroughs, Mrs. Gertrude K. Bohring, Lida J. Shum, Mary J. Perry, Charlotte A. L. Brown, Augusta Sellander; Pauline A. Strasburg, \$3.00. From San Francisco County Nurses' Association, \$1.00 each, Blanche Goffonet, Elizabeth B. Knight, Anita M. Sodre; \$5.00 each, Eleanor McKee, Julia A. Rowley; from Pasadena, \$1.00 each, Johanna Olsen, Katherine Cameron, M. Gertrude Vass, Priscilla Burwell, Emma Rothfuss, Sara A. Lewis; from the Los Angeles County Association, \$1.00 each, Gladys Ouida Cosgrove, Ellenor E. Hazen, Mabel V. Potter, Grace C. Breitenstein, Mrs. Agnes E. Smith, Margaret F. Sirch, Bertha M. Halderman, Mrs. Evelyn M. Tuft, Ida R. Bickemeir, Electa R. Vaneman, Mrs. Rose M. Qumae; \$3.00 each, Amy Maly, Annie McKinney; Helen Ludgate, \$2.00, Mrs. Emma Ornette Baker, fifty cents. \$64.50 Graduate Nurses' Association, Grand Forks, N. D..... 5.00

Individual contributions from the members of the North Dakota State Nurses' Association.....	79.00
M. Kate Briel, Alumnae Association, Woman's Hospital, Philadelphia	1.00
Hahneman Hospital Alumnae Association, Philadelphia, Pa.....	25.00
Mary E. Rockhill, Camden, N. J....	1.00

\$4,112.90

Disbursements

Application approved No. 1, 27th payment.....	\$10.00
Application approved No. 2, 16th payment.....	5.00
Application approved No. 5, 12th payment.....	10.00
Application approved No. 6, 12th payment.....	10.00
Application approved No. 7, 6th payment.....	15.00
Application approved No. 9, 3rd payment.....	10.00
Application approved No. 10, 3rd payment.....	15.00
Application approved No. 11, 3rd payment.....	10.00
Application approved No. 12, 1st payment.....	10.00
Exchange on cheques, Farmers Loan and Trust Company...	.93
Stamping pledge cards.....	1.25
	<hr/> \$97.18

May 1, 1917.....	\$4,015.72
13 bonds, par value.....	13,000.00
2 certificates of stock.....	2,000.00
	<hr/> \$19,015.72

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information address Elizabeth E. Golding, Chairman, 8 West 92nd St., New York City.

M. LOUISE TWISS, Treasurer.

THE NATIONAL LEAGUE OF NURSING EDUCATION

The twenty-third annual meeting of the National League of Nursing Education was held in Philadelphia from April 26 to May 2. The plan suggested to the associated program committee, composed of a member from each of the three national organizations, to provide joint meetings, was carried out literally. Topics of mutual interest were discussed from three standpoints at each session. The result of this arrangement in many ways was very satisfactory. Large numbers were present and members of each organization had the opportunity of listening to a three-sided presentation of mutual problems. On the other hand, by having all the sessions in unison an opportunity was lost for specific discussions relative to individual problems which make such conventions of practical and definite educational value to the members attending. The papers presented were of unusual interest and merit but as they will be published throughout the summer, and many will be incorporated in the proceedings of the Twenty-Third Annual Convention, a review will not be made at this time, and only a few of the important issues discussed, will be referred to. The opening business session of the League was held on Thursday morning, April 26, with Sara E. Parsons presiding. A large number of members were present and the session was one of unusual interest, but as usual the time allotted was all too short to hear the many splendid reports from committees and state leagues many of which had to be deferred until a later additional session. The report of the Membership Committee was most gratifying. The names of 106 applicants were presented with four state and one city league applying for affiliation. The name of Mrs. Helen Hartley Jenkins was presented for Honorary Membership and that of Miss M. E. P. Davis for life membership. Miss Nutting was present and as Chairman of the Education Committee reported that the curriculum which had been prepared by that committee was now in print and will be available in the very near future. Miss Stewart presented a report on International Affairs which was suggestive for the coming year as a study. Owing to war conditions at present it is difficult to keep in close touch with foreign nursing but the present situation gives an opportunity to discuss in how far our system of training is efficient to meet the needs as they are before us. "Working side by side with Sisters from the religious orders, with military orderlies, servant nurses and amateurs there ought to be the most pronounced and conclusive evidence available as to the advantages of our system of training or we ought to know why there is not." Miss Dock, Honorary Secretary, International Council of Nurses, was not present but sent an "Outline of Educational Conditions Internationally Considered" which will be printed in the proceedings. Miss Nutting in a letter to Miss Parsons, presented the name of Mrs. Bedford Fenwick, Editor-in-Chief of the *British Journal of Nursing*, Honorary President of the International Council of Nurses and President of the Society for the State Registration of Trained Nurses in England, for Honorary Membership in the National League of Nursing Education. A cable message to this effect was sent to Mrs. Bedford Fenwick at the close of the convention. A message also proposed by Miss Nutting was sent from the League of Nursing Education to the Society for the State Registration of Trained Nurses of England expressing our high appreciation of the long and valiant services which that society had rendered to the cause of nursing and in particular to express our sympathy with the present struggle now being made to secure for nurses adequate representation on the governing boards controlling nursing affairs, in order

that proper educational standards may be maintained. A topic frequently discussed and each time with an increasing urgency was that of an interstate secretary and at this convention steps were taken to assure the possibility of this need being met in the near future. Some changes were suggested in the constitution and by-laws and brought before the League Membership for approval. They were passed upon and provision made for incorporation in the District of Columbia when the charter is obtained. At the opening joint session, Miss Parsons in a very attractive way compared the former convention held in Philadelphia ten years ago with the present one. The basis of comparison was the problem then and now: First.—Then, "The Demand and Supply of Students in Nurse Training Schools," now, in schools where professional education of value is given, no difficulty is experienced. Second.—Then, "Ways and Means of Raising an Endowment for a Chair of Hospital Economics," now, through the gift of Mrs. Helen Hartley Jenkins the dream is realized. Many other comparisons were made with an equally satisfactory result. Miss Parsons intimated, however, that many other problems of education are still with us to solve and the intelligent coöperation of the general public is needed that they may understand that nurses are not "ready-made" but need education, and to insure this endowments for schools of nursing must be provided. This, perhaps, is the greatest problem at the present time. A new feature in the program was a practical demonstration of nursing procedures given by the pupils of some Philadelphia hospitals which denoted skill and efficient technique. A class on "Solutions" was taught to the same pupils by Amy Trench, instructor from Mt. Sinai Hospital, New York City. The demonstrations were all interesting and instructive. Round Tables on Teaching and Administrative Problems were provided and in these, rather than in the joint sessions, animated discussions took place. A question frequently referred to throughout the convention was that of training attendants. It was generally conceded that this class of worker had come to stay and provision must be made somewhere for training, and means taken to license after training, in order to control the evils which ultimately would arise under other circumstances. This subject was referred to the Education Committee for study, and recommendation during the coming year. Too much cannot be said in praise of the efficient work of the committees formed in Philadelphia, to provide for the comfort and pleasure of the delegates. A spirit of welcome was felt everywhere and no effort was spared to make the convention a helpful inspiration to those attending. The following are the League Officers for the year 1917-1918:

President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa.; *vice-presidents*, Sara E. Parsons, Massachusetts General Hospital, Boston, Mass.; Grace E. Allison, Lakeside Hospital, Cleveland, Ohio; *secretary*, Effie J. Taylor, Johns Hopkins Hospital, Baltimore, Md.; *treasurer*, M. Helena McMillan, Presbyterian Hospital, Chicago, Ill.

Directors, for three years: Mary M. Riddle, Newton Lower Falls, Mass.; Anna C. Maxwell, Presbyterian Hospital, New York City; M. Adelaide Nutting, Teachers College, New York City; Clara D. Noyes, American Red Cross, Washington, D. C.

Directors for one year: Louise M. Powell, University Hospital, Minneapolis, Minn.; Lauder Sutherland, Hartford Hospital, Hartford, Conn.; Anna C. Jammé, State Board of Health, Sacramento, Cal.; Mrs. Ralph Apted, 40 Ransom St., Grand Rapids, Mich.

EFFIE J. TAYLOR, *Secretary*.

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

The meetings of this organization were, like those of the other organizations, the biggest and best in our history. Thirty-eight round tables were held, as compared with eighteen last year. There was, on the part of all present, a spirit of eagerness to learn about all forms of public health nursing instead of only one branch. This was especially noticeable on the part of the lay members whose enthusiasm was inspiring to all. New by-laws were adopted. The officers elected were: First vice president, Katherine Tucker, Philadelphia; second vice president, Mrs. Barbara H. Bartlett, New York; secretary, Maud Reeder, Dubuque; directors,—Minnie H. Ahrens, Chicago; Julia Mellichampe, Pulaski, Va; Mary Ellen Kershaw, San Diego; Eugelia L. Eddy, Akron; Mary Alberta Baker, La Moure, N. D.

ARMY NURSE CORPS

Appointments. Elaine Brown, graduate of St. Joseph's Infirmary, Houston, Texas, assigned to duty at Base Hospital No. 1, Fort Sam Houston, Texas. Georgene E. Field, St. Joseph's Training School, Reading, Pa.; Cressa F. Burley, City Hospital, Springfield, Ohio; Margaret H. Trenham, Utica General Hospital, Utica, N. Y.; Mrs. Laura Hutchins Benson, Newport News General Hospital, Newport News, Va.; Mildred C. Brown, Grady Hospital, Atlanta, Ga.; Elizabeth Mary Jones, Utica General Hospital, Utica, New York; Mabel Sessions, South Highland Infirmary, Birmingham, Alabama; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Ada L. Small, Good Samaritan Hospital, Portland, Oregon; Marjorie C. Hoffman, Holy Cross Hospital, Salt Lake City, Utah; Mary Mehitabel Everitt, Longmont Hospital, Longmont, Colorado, and ten months with Visiting Nurses' Association, Denver, Colorado; Nettie R. Jenkins, Wichita Hospital, Wichita, Kansas, three years experience with Visiting Nurses Association; assigned to duty at the Letterman General Hospital, San Francisco, California. Florence N. Phillips, Knoxville General Hospital, Knoxville, Tennessee, assigned to duty at the Army and Navy General Hospital, Hot Springs, Arkansas.

Transfers. To Walter Reed General Hospital, Takoma Park, D. C.: Anna S. Caenen, Lola Charlton, Alice E. Duffy, Mary E. Sheehan, Edith A. Mury. To Army General Hospital, Ft. Bayard, N. M.: Mary Ethel K. Mellor. To Camp Hospital, Douglas, Arizona: Edith A. Mury, Margaret M. Redmond. To Base Hospital No. 1, Fort Sam Houston, Texas: Mary J. Burrell. To Department Hospital, Honolulu, H. T.: Anna McGonigle, S. Elizabeth Blodgett. To Department Hospital, Manila, P. I.: Emma K. Frey, Lillian A. Johnson, Helen F. MacDonald, Mary V. Brelsford. To Letterman General Hospital, San Francisco, California: Alliene S. Righter, Charlotte S. Wills.

Discharges. Mabel Ketter, Elizabeth J. Crowley, Edna M. Weaver, Ella M. MacGregor.

Resignations. Virginia Simpson, Bessie P. Seger, Ruby Rapp.

RESERVE NURSES

Assignments. To United States Army Base Hospital No. 4 (service in Europe) from Lakeside Hospital, Cleveland, Ohio: Grace E. Allison, Ara R. Agerter, Mabel Allyn, Jennie B. Anderson, Anna C. Baughman, Isabel Bishop, Gertrude

Blackman, Minnie J. Bowman, Helen M. Briggs, Elsie Florence Brower, Anna M. Carlton, Edith S. Carman, Betty Clara Connelly, Carrie B. Crites, Josephine Cunningham, Clara Dunlap, Nettie Eisenhard, Anna M. Ellis, Austa W. Engel, Elizabeth M. Folckemer, Harriet P. Gillis, Lillian A. Grundies, Constance L. Hanna, LeRue F. Frederick, Mabel Horn, Grace Hohl, Clara F. Illig, Margaret Lane, Harriet L. Leet, Inez McKee, Mollie L. McKenney, Margaret McVitty, Hester Russell MacFarland, Ruth E. Mason, Bertha Maurer, Irma R. Metzner, Edith S. Morgan, Florence M. Nesbitt, Katherine Nicholson, Laura A. North, Helen Jane O'Brien, Esther Martha Palmer, Daisy E. Perrine, Florence E. Perry, Lydia E. Reynolds, Mary J. Roche, Ellen Mary Schultz, Marie A. Shields, Ina May Starr, Caroline Smith, Muriel Joyce Snow, Minnie Victoria Strobel, Evabelle Tatro, Marie I. Taylor, Margaret Tupper, Arvilla Walkinshaw, Helen B. Van Meter, Mary Lois Van Meter, Grace E. Young. From Cincinnati, Ohio: Elsie Magnus, Augusta D. Militz, Martha M. Militz, Cynthia Richardson, Mathilda K. Siehl.

To United States Army Base Hospital No. 5 (service in Europe), from Peter Bent Brigham Hospital, Boston, Mass.: Carrie M. Hall, Jane A. Barker, Eleanor E. Brewer, Ethel G. Brooks, Christina Louise Burns, Rose K. Butler, Dorothea A. Carlstrom, May Grant Coakley, Ruth DeMay Conklin, Dorothy Cunningham, Rose A. Cunningham, Phyllis M. Dacey, Elizabeth C. Devine, Mary A. Downey, Helen J. Ebbs, Alice M. Elwell, Louise Geddes Fiske, Gertrude L. Fletcher, Gertrude M. Gerrard, Elinor D. Gregg, Katherine C. Hall, Ruth E. Hawkins, Pauline C. Jefferson, Alice L. Lake, Esther E. Laurin, Marion E. Leary, Margaret R. Leavitt, Tekla M. Lyndberg, Louise H. McCloskey, Melda F. MacDonald, Louise M. Moulton, Margaretta M. Northrup, Eva J. Parmelee, Caroline P. Parker, Hanna S. Peterson, Grace L. Ranney, Gertrude F. Robinson, Jane Thompson, Winifred G. Trueworthy, Elizabeth M. Walsh, Ruth M. Weeks, Mary L. Wright. From Baltimore, Md.: Sarah V. Case, Virginia R. Clendenin, Martha A. Hartman, Mary Catherine Sedlacek, Grace E. Shepperson, Lily M. Wahler, Margaret C. Wohlgemuth, Mary A. Wallis, Barbara E. Strouffer, Golda G. Price. From New York, N. Y.: Katharine E. Forry, Florence Ellen Paxton, Ingrid Peterson, Petra Hansine Peterson, Margaret Small, Josephine Tuell. From New Jersey: Mary Birnie, Anna Phyllis Caine, Elizabeth M. Pollock, Ingeborg Praetorius, Mary E. Wallace, Grace Wilday.

To United States Army Base Hospital No. 2 (service in Europe), from Presbyterian Hospital, New York, N. Y.: Janet B. Christie, Jessie A. Allen, Virginia C. Anderburg, Dora M. Anderson, Marjorie Parker Armstrong, Ethel Roxana Arthur, Margaret Ashmun, Anna M. Balen, Ada F. Benjamin, Lela R. Blaine, Marie T. Bonnet, Elizabeth Rock Brackett, Dorothy Brown, Winifred W. Bulard, Helen M. Cahoone, Jean Cleland, Marjorie Elsie Conover, May Coulson, Jessie K. Davis, Mary Lane Davis, Ethel DeRonde, Gertrude W. Drake, Harriet P. Dunlap, Ruby H. Emery, Madeline Evans, Alice G. Field, Helen LeRoy Floyd, Florence Esther Fortune, Anne Stancelife Foster, Iris Mae Gant, Ethel M. Goldsmith, Elspeth Anna Gould, Florence Annie Graham, Marion E. Hesselstine, Ruth Hovey, Katherine Kerr, Anna L. Leonard, Margery Jerauld Lewis, Beatrice M. MacDonald, Sara E. Macdonald, Elsie McClive, Elizabeth Maclay, Louise M. Marsh, Kathro M. Mason, Violetta Carroll Mercer, Ethel L. Moon, Georgia A. Morrison, Malinda McCorkle Murphy, Helen Campbell Niven, Frances F. Oldham, Claudia M. O'Neill, Anna Penland, Florence B. Owen, Elizabeth M. Phillips, Florence Augusta Reimann, Jennie I. Rignel, Annabel Scharff Roberts, Emi-

lie G. Robson, Alice Orme Smith, Sara H. Strain, Phoebe F. Taylor, Annie Mabel Thomas, Hjordis Todsén, Anne K. Williams, Nellie Louise Winey.

To United States Army Base Hospital No. 10 (service in Europe), from Pennsylvania Hospital, Philadelphia, Pa.: Margaret A. Dunlop, Carrie S. Albright, Martha Andrews, Annie Baird, Nell R. Beck, Selena Black, Florence M. Burky, Mary C. Byer, Mary A. Cushen, Elizabeth Boone Eckman, Bertha Elliott, Harriet R. Ellis, Helen Cole Carter, Harriet Davis, Estelle L. Dawson, Helen Fairchild, Amanda D. Faunce, Sara A. Fidler, Elizabeth Maud French, Amina Fuhrmann, Helen Lauder Gage, Jennie R. Gault, Eva Gerhard, Olive M. Grissinger, Helen Hill Hacking, Ada Lillian Hanson, Georgia E. Hendrickson, Ellen J. Hobbs, Mary H. Hodgson, Clara Hollings, Emily Assheton Holmes, Anna L. Hood, Utie I. Kleibschidel, Lucy Krumanocker, Ruth Krumanocker, Elma Lofgren, Helen Grace McClellan, Jane Crawford MacNeal, Edith M. Moore, Estelle Warner O'Brien, Elizabeth Leigh O'Neill, Julia Strong Phillips, Elizabeth Lloyd Powell, Alice H. Ralston, Romana E. Reading, Effie C. Replogie, Caroline Rebellén, Mary Lucertia Rodgers, Elizabeth G. Silvernell, Gertrude C. Smith, Helen A. Smith, May Haslet Smith, S. Annabel Smith, Ida M. Swartz, Elizabeth M. Tait, Ella H. Tomlinson, Sara L. Voris, Elizabeth R. Voltz, Florence E. Wagner, Hazel Williams, Mina Grace Zerbe, Ada Zimmerman.

(The mailing address of the reserve nurses at present serving in Europe is (name) Reserve Nurse, Army Nurse Corps, United States Army Base Hospital (number), care Colonel Alfred E. Bradley, Medical Corps, United States Army, American Embassy, London, England.)

Transfers. To Camp Hospital, Douglas, Ariz.: Katherine P. Duelle, Harriet P. Hankins, Irene F. Hawkins. To Base Hospital No. 1, Fort Sam Houston, Texas: Caroline E. Bill, Elizabeth M. Horne, Harriet C. Johnson, Matilda E. Sturtzer, Nell Suggs, Frances M. Welker, Elizabeth I. Welsch. To Base Hospital No. 10 (service in Europe): Katherine Edwards, Isabel Stambaugh.

Relief. Reserve nurses, Army Nurse Corps, relieved from active service in the military establishment: Vera V. Dunkle, Laura C. Leader, Teresa A. Stromberg, Marie Williams, Mary L. Applewhite, Harriet Preston, Florence Atwell, Virginia D. Ward, Bess G. Boyer, Minnie E. Hundley, Cornelia Higgins, Ida E. Twedten, Hilda K. Twedten, Harry Belle Durant, Bertha Ewer, Mildred Engeland, Florence P. Kennedy, Margaret Florence Evans, Stella L. Teague, Verna E. Glazener, Leonor A. Field, Lucia Masee, Mary C. Reilly, Gertrude G. Roach, Elizabeth M. Long, Antoinette Ahlschier, Elsie Stoltzfus.

DORA E. THOMPSON, *Superintendent, Army Nurse Corps.*

Arkansas.—THE ARKANSAS STATE BOARD OF NURSE EXAMINERS held examinations on May 9 and 10. Twenty-one nurses took the examinations. The Board elected officers as follows: president, Dr. M. D. Ogden; secretary-treasurer, Frankie Hutchinson.

Colorado: Colorado Springs.—THE NURSES' REGISTRY ASSOCIATION held its annual meeting in April, and elected the following officers: president, Blanche Lewis; vice-president, Carrie B. Moore; recording secretary, Emma Miller; corresponding secretary, Agnes M. Musilek; treasurer, Miss Follmer. MRS. CHLO-RINDA SIMMONS, who has been engaged in private duty nursing has accepted a position in New York City.

Connecticut: NEW BRITAIN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on April 4 at the Nurses' Home, Caroline A. Salmon pre-

siding. A committee was appointed to elect officers for the ensuing year. A social hour followed.

Delaware.—THE DELAWARE STATE BOARD OF EXAMINERS FOR REGISTERED NURSES will hold examinations of applicants at the Delaware Hospital, Wilmington, Monday, June 4, 1917, beginning 10 a.m. For application blanks apply to the secretary, Anna M. Hook, R.N., 507 West 9th Street, Wilmington. THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES held a meeting at the Homeopathic Hospital on May 9, and elected officers as follows: president, Anna M. Hook; vice-presidents, Mrs. E. H. Speakman, Sarah Murphy; recording secretary, E. B. Scully; corresponding secretary, Amy Allen, 2212 Van Buren St, Wilmington; treasurer, Mrs. Emma Flinn, Richardson Park; executive committee, Misses Turner, Horte, Hayes, Hanson and Kane; press correspondent, Marie T. Lockwood. The association voted to contribute to the Students' Loan Fund through the State Federation of Women's Clubs. The next meeting will be held at the home of Mrs. Speakman.

District of Columbia.—FREEDMEN'S HOSPITAL ALUMNAE ASSOCIATION states in its yearly report that it has an active membership of forty-two and two associate members. Eleven new members have been enrolled during the year. Recently the association organized a nurses' registry which is under the control of the alumnae. It is supported by an assessment fee of two dollars a year, but it is hoped to increase this fund by bazaars and entertainments. The monthly meetings are held at the nurses' home, which is also the home of the registry. The treasurer's report shows that the total receipts for the year were \$56.65, disbursements \$23.80, balance on hand \$32.85, with all debts paid. The association has on deposit in Washington Loan and Trust Company \$62.11.

Illinois: Rockford.—THE ROCKFORD RED CROSS CHAPTER sent Elizabeth Wright, superintendent of the Rockford Hospital, to the convention of the American Nurses' Association as a delegate. AN OPEN-AIR SCHOOLROOM has been opened in one of the public schools, under the supervision of the Department of Hygiene of the Public Schools. There are at present four visiting nurses and four school nurses in the city.

Indiana: Fort Wayne.—JOSEPHINE KRICK, class of 1915, Hope Hospital, has accepted the position of superintendent of Lakeside Hospital, Kendallville, Ind. The hospital, formerly a private dwelling, has been remodeled into a general hospital. ALLIAN GUSS, class of 1903, Hope Hospital, who has worked untiringly as city visiting nurse for six years has resigned and after a much needed rest will assume the duties of industrial nurse at the Bower's works. ELIZABETH MELVILLE, class of 1902, Hope Hospital, member of the Indiana State Committee for the enrollment of Red Cross Nurses was recently sent to New Castle to aid in relief work resulting from a disastrous tornado which leveled a large part of the city and caused a number of deaths, besides numerous injured. Miss Teichmann, a Red Cross nurse, a Chicago graduate, was also sent.

Iowa: Des Moines.—THE REGISTERED NURSES' ASSOCIATION met on April 18, when Dr. M. L. Turner gave an instructive and interesting talk on Infant Feeding. Six delegates were elected to the state meeting, and other members who may attend at their own expense were asked to serve also. The association tendered a reception to the senior members of the four training schools on May 2. Fifty-five guests were present. WINIFRED HYLAND has resigned her position as office nurse to Dr. J. F. McKittrick. CATHERINE EARHART and Mrs. E. A. Marshall have been appointed instructor for the classes in Home Nursing which have been

organized among the students at Drake University and Des Moines College. Mrs. ELIZABETH NEIL has been appointed instructor in Red Cross Surgical Dressings. Ninety-three nurses took the examinations of the State Board held in Des Moines in April. **Ames.**—ZETTA O'DELL and GRACE CROWSTON have received appointments as instructors of Classes in Home Nursing which have been organized at the Iowa State College. **Council Bluffs.**—MARY NESBIT has resumed her duties as superintendent of the Jennie Edmundson Hospital, after a year spent at Teachers College. **Cedar Falls.**—BLACK HAWK COUNTY NURSES' ASSOCIATION held its March meeting in Sartori Hospital. Nellie Porter gave an interesting account of her work in a Field Hospital on the Border. The association held a meeting in Waterloo in April when Kate Kelly read a paper on Commercialism in Nursing.

Kansas.—THE KANSAS STATE BOARD OF NURSE EXAMINERS will hold its annual meeting, and examination in Topeka, July 10, 11, in the assembly room, National Hotel. Applications must be on file with the Secretary on or before June 25, Mayme M. Conklin R.N. Secretary-Treasurer, 832 Lincoln Street, Topeka.

Maryland.—THE MARYLAND STATE ASSOCIATION OF PUBLIC HEALTH NURSING held its regular meeting in the surgical amphitheatre of Johns Hopkins Hospital in April. Rebecca Coole gave an address on Industrial Nursing. MARYLAND UNIVERSITY ALUMNAE ASSOCIATION held a meeting at the hospital on May 2, when interesting reports of the convention were read.

Massachusetts.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its annual meeting June 12, in Boston. **Boston.**—THE MILK and BABY HYGIENE ASSOCIATION held its annual meeting on April 12, Dr. John Lovett Morse presiding. During the year the nurses on the staff made 67,000 visits, and cared for 5000 out of the 20,000 babies born in Boston during that time. More than half of this number were breast fed. ROBINSON MATERNITY OF THE HOMEOPATHIC HOSPITAL is giving mothers prenatal instruction, and the babies are being kept under observation by the visiting nurses of the hospital staff. FOUR SUPERVISING NURSES of the staff of the Industrial District Nursing Association have taken the course on The After-care of Infantile Paralysis, by Robert W. Lovett, M.D. MABEL L. WARREN, graduate of a Worcester hospital, has received a bronze medal from the Humane Society of Massachusetts for her bravery in saving the life of Dr. Samuel A. Green, a former mayor of Boston, at the Hotel Lenox fire, of February 10. Miss Warren wheeled her crippled patient to a place of safety at the risk of her life. THE DIRECTORS OF THE NEW ENGLAND HOSPITAL FOR WOMEN and CHILDREN late in April authorized a ten day campaign to raise \$200,000 which is needed for extensions to the hospital. **Middlesex.**—THE MIDDLESEX BRANCH of the Massachusetts State Nurses' Association at its April meeting voted to give \$5 to Red Cross Funds. BY THE WILL OF MARTHA BING the Carney Hospital, Boston, and the Holy Ghost Hospital, Cambridge, each receive \$200. **North Easton.**—HARRIET FULLER, Boston City Hospital, is district nurse.

Michigan: Detroit.—GRACE HOSPITAL TRAINING SCHOOL held its graduating exercises on May 16, at Westminster Church.

Minnesota: Minneapolis.—THE SWEDISH HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on April 10, when the following officers were elected: president, Hannah Johnson; recording secretary, Emma Brunstad; secretary, Veda Larson; corresponding secretary, Cora Bruess. **Moorhead.**—THE NORTHWESTERN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on April 12,

at the Gardner Hotel. Officers were elected as follows: president, Mrs. Anna Axness; vice president, Marie Snider; secretary-treasurer, Mildred McCarthy; chairmen of committees, entertainment, Marie Sather; credential, Lenora Rasmussen; aid, Mrs. Hildegard S. Hoag.

Mississippi.—THE MISSISSIPPI STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examinations at the State Capitol in Jackson, July 2-3. M. H. Trigg, secretary-treasurer. A RED CROSS NURSING SERVICE COMMITTEE has recently been formed in the state with Mrs. Jennie Quinn Cameron of Hattiesburg acting as secretary.

Missouri: Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its regular monthly meeting at the Club House on May 2, when an address was given by Mrs. George Hoxie, chairman of the milk committee of the City Consumers' League. On May 10, the association gave a farewell reception at the Club House, to the ten Red Cross nurses who were soon to leave for service in France. **St. Joseph.**—ST. JOSEPH'S HOSPITAL formally opened its new building on April 9, for the reception of patients. The hospital is one of the finest buildings in Kansas City and represents the last word in up-to-date appliances and equipment. On April 11, at the new hospital, the Alumnae Association held a reception for all the graduate nurses in the city. The guests were shown through the new building. A social hour followed.

Montana.—THE MONTANA STATE BOARD OF EXAMINERS FOR NURSES will hold their annual meeting and conduct examinations for registration of nurses on June 12, 13 and 14, 1917, at Helena. Applications must be filed thirty days before examination date. Lydia R. Van Luvanee, R.N., Secretary, St. Peter's Hospital, Helena.

Nebraska.—THE BOARD OF NURSE EXAMINERS has recently added to its personnel Isabelle M. Baumhoff, superintendent of nurses, Green Gables Sanitarium, Lincoln, and Catherine Wollgast, public health nurse, Lincoln. These two appointments were made necessary through the expiration of the terms of Lillian B. Stuff, and of Grace V. Bradley, who finds it necessary to leave the state because of family responsibilities. Miss Wollgast has previously served on the Board and is to act as secretary. **Omaha.**—WISE MEMORIAL HOSPITAL held its graduating exercises at Temple Israel, April 24. Rabbi Frederick Cohn, gave an address on Work, Make Something More of Your Life Than a Dash between Two Dates. Dr. O. S. Hoffman, chief-of-staff, presented diplomas to the eleven members of the class. On April 21 the alumnae association of the hospital entertained the graduating class at a banquet given at the Nurses' Central Club. Harriet Ellis, Clarkson Hospital, has been appointed to the school nursing staff. **North Platte.**—ELSA BOYD, formerly of St. Luke's Hospital, Kearney, has taken charge of the General Hospital, accrediting of which is pending. **Kearney.**—ANNE GRUEL is superintendent of St. Luke's Hospital.

New Hampshire.—THE GRADUATE NURSES ASSOCIATION OF NEW HAMPSHIRE will hold its annual meeting at the City Mission Rooms, Manchester, on June 13.

New Jersey.—THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold an examination for the registration of nurses in the State House, Trenton, on Tuesday, June 19, 1917. Applications must be filed fifteen days prior to June 19, 1917, with the secretary-treasurer, Jennie M. Shaw, R.N., 139 North Twelfth Street, Newark.

New York: New York.—THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held its regular monthly meeting at Bellevue Hospital, on April 4. Dele-

gates were appointed to represent the League at the Forty-third Convention of the Federation of Women's Clubs, held May 4 at the Hotel Astor. The programme of the evening consisted of a practical demonstration by the senior pupil nurses of Bellevue. The students showed unusual poise and efficiency and presented a remarkably good programme. A MILITARY RELIEF DEPARTMENT has been established at the Central Club for Nurses, in response to the appeal for surgical dressings sent out by the American Red Cross. This department is open daily from 9 a.m. to 9 p.m. and nurses are asked to give as much time as possible to it and to bring their friends in to assist. Classes for First Aid for Nurses are also being conducted daily, during the afternoon and evening. A musical recital was given at the Club on April 9 and on another evening a dance was held; in both instances the proceeds have been devoted to the Military Relief Department. This month the Club's excursion took the form of a trip to a large biscuit making establishment. BELLEVUE TRAINING SCHOOL FOR NURSES held graduating exercises on April 24, at the Nurses' Residence. METROPOLITAN HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises at the Hospital, Blackwell's Island, May 24. THE PRESBYTERIAN HOSPITAL held its graduating exercises in Florence Nightingale Hall on May 17, when diplomas were awarded to 39 nurses. THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION has formed a Red Cross Sewing Circle. Members will meet at the Club House every Monday afternoon to prepare surgical dressings, to sew or to knit. Work will also be distributed to those unable to work at the rooms. LONG ISLAND COLLEGE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting April 10, and elected the following officers: president, M. A. Hoge; vice presidents, M. Ziegler and G. Runkle; recording secretary, A. Burgess; corresponding secretary, Mrs. L. Read; treasurer, M. Phelps; director for five years, A. Wiley. TROY.—SAMARITAN HOSPITAL TRAINING SCHOOL FOR NURSES held graduation exercises at the Nurses' Home, April 19, when seventeen nurses were graduated. Dr. Thomas Ordway, Dean of the Albany Medical College, gave the address of the evening; Mrs. E. O. House, president of the Board of Women Managers, presented the school pins; Mr. James H. Caldwell, administered the Hippocratic Oath, presented the diplomas and awarded the scholarships. On the previous evening the Association held its annual banquet at Hotel Hampton, Albany. This banquet was given to the graduating class of 1917. L. Gertrude Armstrong, president of the Alumnae Association, greeted the gathering, and Ella Moriarty responded. ROCHESTER.—THE ROCHESTER GENERAL HOSPITAL SCHOOL OF NURSING held graduating exercises April 16, Eunice A. Smith, superintendent of nurses, presenting a class of twenty-four. The address of the evening was given by Sarah Louise Arnold, Dean of Simmons College. Diplomas were presented to the class by Mrs. Arthur Robinson, president of the Board of Managers, and professional congratulations were extended by Dr. Henry T. Williams, president of the Staff. The Alumnae Association held its annual meeting at the Nurses' Home, on April 10 and elected the following officers: president, Linda C. Baker; vice presidents, Mrs. Katherine A. Brownell, Marjorie Austin; corresponding secretary, Emma P. Nelson; recording secretary, Pluma A. Pfaun; treasurer, Kathryn C. Weldon. The regular monthly meeting was held on May 8, when letters from Emma J. Jones, who is at Dr. Fitch's hospital in France were read. Miss Jones has charge of a ward of 26 beds, with one nurse to help. She is on duty from 8 a.m. to 8 p.m. Six nurses from New York, Philadelphia and Boston are at the same hospital. Linda C. Baker, gave a report of the convention of the American Nurses' Asso-

ciation. Augusta Milliman, class of 1914, has accepted a position at the hospital. THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION held its regular meeting on April 24, when an interesting talk on the Standardizing of Milk was given by Dr. Alvah S. Miller. THE ROCHESTER HOMEOPATHIC HOSPITAL held its graduating exercises at the Eastman Home on May 3. Mr. Harry Stedman presided. An address was given by Rev. Samuel Tyler. Dr. Charles R. Sumner addressed the class and diplomas were presented by the president of the training school board, Mrs. Martin W. Cooke, to twenty-four nurses. THE ALUMNAE ASSOCIATION held its annual banquet at the Seneca Hotel on May 4, with the members of the graduating class as guests. The association held its quarterly meeting on May 7, at the hospital. A report of the convention of the American Nurses' Association was read by Ida McAfee. Ogdensburg.—ST. LAWRENCE STATE HOSPITAL ALUMNAE ASSOCIATION held its first annual meeting May 1, and elected the following officers: president, Mary F. Crobar; vice president, Helen Crowley; treasurer, Belle O'Rourke; secretary, H. Victoria Robinson. Classes in Home Nursing are being conducted at the hospital under the direction of the Red Cross.

North Dakota.—THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its fifth annual meeting at Devil's Lake on April 18-19. Mrs. J. E. Stevens, field worker for the State Anti-Tuberculosis Association gave an address. Addresses were also given by Edna L. Foley, on Public Health Nursing, and Dr. W. F. Sihler, on Diseases of the Stomach. Besides routine business, a report of the delegate to last year's convention of the American Nurses' Association was read, and addresses by Clara Rue, on the Misrepresentations of the Nurse in Fiction, and by Dr. C. J. McCurren were made at the second day's session. The following officers were elected: president, Ethel E. Stanford, 701 Fourth Street, South, Fargo; vice presidents, Lelia Halverson, Aida Langley; corresponding secretary, Minnie Traynor, 509 Sixth Street, Grand Forks; secretary treasurer, Frances Riordan, 619 East Sixth Street, Devil's Lake; directors, Jennie Mahoney, Agnes Patterson, Clara Rue and Marie C. Harrison. The meetings of next year will be held in Fargo. Fargo.—THE CASS COUNTY GRADUATE NURSES' ASSOCIATION held its annual meeting on May 2, at the residence of Mildred McCarthy. Officers were elected as follows: president, Mrs. G. Bondahl; vice president, Elizabeth Bartle; secretary, Clara Qualheim; treasurer, Mildred McCarthy. Chairmen of committees, credentials, Anna MacDonald; auditing, Ethel Stanford; ways and means, Osa Oppedal; entertainment, Mabel Olson.

Ohio: Cleveland.—THE CLEVELAND LEAGUE OF NURSING EDUCATION held a meeting at the Isabel Hampton Robb Memorial Club on April 11, when Professor Coulter of Western Reserve University spoke on Sociology as it Applies to the Immigration Problem. Membership and interest in the association are growing rapidly. During the year two special meetings have been held and a third one will soon be called, to consider the educational work undertaken. ALICE C. BEATTLE has resigned as registrar of the Central Directory, and will take a long vacation before assuming new duties. Columbus.—THE GRADUATE NURSES' ASSOCIATION OF COLUMBUS AND FRANKLIN COUNTY held its regular meeting at the Young Women's Christian Association on April 4. An interesting talk on Toxins was given by Dr. J. A. Beer, bacteriologist of the city board of health. Harriet P. Friend presented the revision of the constitution and by-laws, which was endorsed by the association. The association gave an informal reception to the ten nurses who recently returned from El Paso, Texas. There was an attendance of fifty-two.

Oregon.—THE OREGON STATE GRADUATE NURSES' ASSOCIATION will hold a regular meeting on June 27, in Portland.

Pennsylvania: Philadelphia.—HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION held a special meeting on April 18, for the purpose of urging members to active membership in the American Red Cross. Susan C. Francis, chairman of the local committee, addressed the meeting which was attended by about sixty nurses. **Pittsburgh.**—ALLEGHENY GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the hospital on May 7. The members of the graduating class were present and they were told the object of the association and urged to become members. A unanimous vote was given to pay the \$25 which had been pledged by the delegate to the Convention, toward the Relief Fund. Nurses were also urged to become individual contributors. It was decided to pay for special care for members of the association ill with contagious diseases, as they are barred from the use of the endowed room. The association gave a banquet to the graduating class on May 8 at Fort Pitt Hotel. ALLEGHENY GENERAL HOSPITAL Unit for War service is almost completed. The Allegheny General Hospital held its graduating exercises on May 10, when diplomas were awarded to 21 nurses. Rev. Samuel Macauley Lindsay gave the address.

Rhode Island: Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION held its March meeting at the Nurses' Home, to which the pupil nurses were invited. Dr. Earle D. Forrest told of his experiences in Serbia with the Red Cross, in a very interesting manner. The association held its regular meeting at the Home on April 24, and Gertrude Craig gave an account of her work in France under the British Red Cross. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held a meeting at Butler Hospital on April 19. Instructions were given to the delegate to the Convention of the American Nurses' Association as to what portions of the program it would be advisable for her to report. A report on Red Cross activities followed. RHODE ISLAND HOSPITAL NURSES' CLUB was addressed on April 3, by Mrs. Howard K. Hilton, president of the Providence Branch of the Housewives' League, on the work of the League.

South Carolina.—THE SOUTH CAROLINA GRADUATE NURSES' ASSOCIATION held its tenth annual convention at Spartanburg on April 11 and 12. The following papers were presented: Town and Country Nursing Service, written by Fannie F. Clement, read by Virginia Gibbs; State Care of the Feeble-Minded. Albert Johnson, Secretary of Board of Charities and Corrections; Administration of Diets in Metabolism, written by Estelle Magill, read by Miss Forquet; Oral Hygiene, by B. F. Simms, D.D.S.; Social Service, by Frances F. Strickner; The Nurse as a Factor in the Prevention of Pellagra, by Dr. G. A. Wheeler; The Graduate as She Appears in the Public Eye, by A. B. Commer; Quarantine and the Nurse, by Dr. C. E. Lowe, of the City Board of Health. Mary C. McKenna, president of the association urged the members to loyalty to our country. The following officers were elected: president, Mary C. McKenna, Charleston; vice presidents, A. Agnew, Greenville, Marie Zelfelder, Spartanburg; treasurer, Zadie Gullledge; secretary, Antonia B. Gibson. According to the constitution of South Carolina, no woman is allowed on the State Board of Medical Examiners. A motion was made and carried in the House of Delegates, that the South Carolina Graduate Nurses Association send the president and a committee of six registered nurses, this committee to be admitted as an advisory board, to meet each year with the State Board of Medical Examiners when the nurses come before the Board for examination for registration. This committee was elected to

serve for a term of three years. The following were selected: M. Trenholm, Zadie Gullede, Julia Irby, A. B. Gibson, L. Brown, and A. B. Commer. The initiation fee was raised to \$5 and annual dues to \$2; this to go into effect in 1918. The meeting was adjourned to meet next year in Charleston.

South Dakota.—THE SOUTH DAKOTA STATE ASSOCIATION OF GRADUATE NURSES will hold its first annual convention on June 14-15, at Pierre. The headquarters will be at St. Charles Hotel.

Tennessee: Nashville.—ST. THOMAS HOSPITAL ALUMNAE ASSOCIATION held a large ball in April, at which the guest of honor was the daughter of the President, Margaret Woodrow Wilson. Miss Wilson was presented with a huge bouquet of Killarney roses, in the heart of which was buried a handsome cameo set in pearls. The proceeds of the ball were equally divided between the Red Cross and the alumnae fund.

Utah.—A RED CROSS UNIT is being formed of Utah nurses. One class in Elementary Hygiene and Home Care of the Sick has been given, several others are being formed. **Salt Lake City.**—THE JUNIOR CLASS OF LATTER-DAY SAINTS HOSPITAL entertained the senior class at a dance, March 23. STELLA PETERSON, class of 1915, has resigned her position as floor supervisor, to succeed Miss Hansen, who has given up her position as superintendent of nurses at County Hospital. MABEL JAMES, class of 1917, has taken the position vacated by Miss Peterson. ROSALIE REYNOLDS, class of 1915, has accepted a position as floor supervisor at the County Hospital. T. INA MUMFORD has returned from California and has accepted a position with the U. S. Smelting Works at Murray.

Vermont.—THE VERMONT STATE NURSES' ASSOCIATION held its annual meeting at Odd Fellows Hall, Brattleboro, on May 8. During routine business Catherine Allison, chairman of the revision committee, reported the progress that has been made towards reorganization. Mary E. Schumacher gave an interesting report of the convention of the American Nurses' Association. It was voted to hold the next meeting, in November, in Rutland. Officers were elected as follows: president, Flora Landon; vice presidents, Nina A. Smith, E. Myrtle Miller; secretary-treasurer, Florence E. Miller; assistant secretary, Sara Donnelly; directors, Madeline Schweig and Mary Austin. The evening session was devoted to Public Health Nursing when Cora Curtis made an address, besides giving a report of some of the interesting features of the convention.

Wisconsin: Kenosha.—KENOSHA HOSPITAL ALUMNAE ASSOCIATION sent Ella Schmutz to the convention of the American Nurses' Association.

BIRTHS

On March 31, at Brooklyn, N. Y., a daughter, to Captain and Mrs. Green. Mrs. Green was Polly Pottenger, class of 1913, Long Island College Hospital, Brooklyn, N. Y.

On April 3, at McKeesport, Pa., a son, Raymond Lloyd, to Mr. and Mrs. Walter Radinsky. Mrs. Radinsky was Genevieve Fraser, class of 1912, Long Island College Hospital, Brooklyn.

Recently, at Kenosha, Wis., a daughter, to Mr. and Mrs. Henry Glerum. Mrs. Glerum was Adelaide Jacobs, class of 1912, Kenosha Hospital, Kenosha, Wis.

On January 7, at Sandy Spring, Md., a daughter, to Dr. and Mrs. Jacob Wheeler Bird. Mrs. Bird was Mary Wilson, class of 1907, Presbyterian Hospital, Philadelphia, Pa.

On February 22, at Pittsburgh, Pa., a daughter, Marguerite Emma, to Mr. and Mrs. Charles Lockard. Mrs. Lockard was Rose Wolfelder, class of 1911, Allegheny General Hospital, Pittsburgh, Pa.

On April 26, at Chestnut Hill Hospital, Philadelphia, Pa., a son, to Mr. and Mrs. P. W. McGill. Mrs. McGill was Ella Williams, class of 1912, Chestnut Hill Hospital.

On May 1, at Los Gatos, Calif., a son, David Wellington, to Dr. and Mrs. Criswell.

On March 12, at Dozey, N. D., a daughter, to Mr. and Mrs. M. H. Krantz. Mrs. Krantz was Petro Somoe, class of 1911, St. Luke's Hospital, Fargo, N. D.

On April 21, at Pekin, N. D., a son, to Mr. and Mrs. O. Lysne. Mrs. Lysne was Henrietta Bjorlie, class of 1912, St. Luke's Hospital.

MARRIAGES

On April 4, at Hattiesburg, Miss., Jennie M. Quinn, State Hospital, Scranton, Pa., to James A. Cameron. Mrs. Cameron was superintendent of the Hattiesburg Hospital for seven years. She was largely instrumental in organizing the Mississippi State Nurses' Association, and was its president for almost five years; she is now its secretary, as well as the president of the State Board of Nurse Examiners.

In April, in Greenville, Miss., Annie Rae Moore, class of 1916, Greenville Sanitarium, to Ford Adams.

On March 28, Nellie Veronica Callahan, class of 1913, Long Island College Hospital, Brooklyn, N. Y., to Edward Livingston. Mr. and Mrs. Livingston will live in Brooklyn.

On March 15, at Charleston, S. C., Jessie Hennes, Paterson General Hospital, Paterson, N. J., to E. I. Tinga. Mr. and Mrs. Tinga will live in Wilmington, N. C.

On December 23, at Albany, N. Y., Eleanor Murphy, class of 1915, Faxon Hospital, Utica, N. Y., to George Alexander Blyth.

On January 25, Sarah Elizabeth Swinger, class of 1910, Faxon Hospital, Utica, N. Y., to Homer Hollett Oaksford, M.D. Dr. and Mrs. Oaksford will live in Gloversville, N. Y.

On February 19, Katherine Brennen, St. Michael's Hospital, Toronto, Canada, to James A. Dolen. Mr. and Mrs. Dolen will live in Trinidad, Colo.

On May 10, Virgie Lee Burke, class of 1914, McKendree Hospital, McKendree, W. Va., to Thomas S. Matney, M.D. Dr. and Mrs. Matney will live in Clifton Forge, Va.

On April 10, Frances Shestak, class of 1910, State Hospital, Lincoln, Neb., to Fred Barta, M.D. Dr. and Mrs. Barta will live in Wilbur, Neb.

On April 17, at New Bedford, Mass., Agnes Irene Black, class of 1913, Rhode Island Hospital, Providence, R. I., to William Henry Camfield. Mr. and Mrs. Camfield will live in Providence.

In March, Mary Standiford, class of 1914, Hahnemann Hospital, Philadelphia, Pa., to H. J. Ryan, M.D.

In March, Mary Agnes Porch, class of 1914, Hahnemann Hospital, Philadelphia, Pa., to Walter H. Wood.

On May 5, at Rochester, N. Y., Mildred C. Swarthout, class of 1917, Homeopathic Hospital, Rochester, to Marshall Pitkin Howard. Mr. and Mrs. Howard will live in Rochester.

On January 15, at Chicago, Ill., Kate Thomas, class of 1909, Hope Hospital, Fort Wayne, Ind., to Charles Bearfoot. Mr. and Mrs. Bearfoot will live in Lewistown, Montana.

On April 28, at Baltimore, Md., Emily Ruth Conner, class of 1915, University of Maryland Hospital, Baltimore, to Charles R. Edwards, M.D. Dr. and Mrs. Edwards will live in Baltimore.

On April 19, at Des Moines, Ia., Greta Harmon, class of 1913, Iowa Methodist Hospital, Des Moines, to L. A. Coffin, M.D. Dr. and Mrs. Coffin will live in Farmington, Iowa.

On May 9, at El Paso, Texas, Mary Olive Kinsey, class of 1915, Iowa Methodist Hospital, Des Moines, to W. Byrd Hunter, M.D. Miss Kinsey was engaged in Red Cross nursing on the Border, for four months. Dr. Hunter has had charge of Government hospital work in St. Paul's Island, Alaska, but is now doing medical reserve work at El Paso. Dr. and Mrs. Hunter will live in St. Paul's Island.

On April 24, at Pittsburgh, Pa., Lillian Laxelle Seigler, Allegheny General Hospital, Pittsburgh, to Glenn Stewart Armstrong. Mr. and Mrs. Armstrong will live in Pittsburgh.

On April 30, at Pittsburgh, Pa., Marie North, Allegheny General Hospital, Pittsburgh, to Clarence A. Bicking, M.D. Dr. and Mrs. Bicking will live in Pittsburgh.

On April 26, at Pitcairn, Pa., Anna Koch, Allegheny General Hospital, Pittsburgh, to Ford B. Craig, M.D. Dr. and Mrs. Craig will live in Pitcairn.

On April 12, at Wilmington, Del., Mary Daley, class of 1912, Chester County Hospital, West Chester, Pa., to James Nolin. Mr. and Mrs. Nolin will live in Wilmington.

On April 4, at Northwood, Iowa, Inger Nordham, class of 1913, St. Luke's Hospital, Fargo, N. D., to Henrik J. Stafseth.

DEATHS

On April 22, at the German Hospital, Kansas City, Mo., Mrs. Mildred Donaldson, class of 1916. Mrs. Donaldson's death followed a short illness caused by an infection contracted from a patient and resulting in septic endocarditis. She was a successful private duty nurse, and her death was a great shock to her many friends.

On April 23, at the Michael Reese Hospital, Chicago, Ill., Daphne Watson, a junior nurse of the Rockford Hospital Training School. Miss Watson died of meningitis, contracted while she was in Chicago taking three months' supplementary training.

On May 1, at Providence, R. I., Wilhelmina Sieverts Jonas, class of 1896, Rhode Island Hospital. Mrs. Jonas was a Spanish-American War nurse. She was a great sufferer for years, and death came as a release. She was of a lovable nature, and had many warm friends.

On March 22, at Glockner Sanatorium, Colorado Springs, Colo., Ida Bridges, class of 1905, Douglas Infirmary, Nashville, Tenn. Miss Bridges died of tuberculosis.

On April 17, at Newfoundland, N. Y., Fannie Ferris, class of 1902, Methodist Episcopal Hospital, Brooklyn, N. Y. Miss Ferris was for ten years treasurer of her alumnae association and an officer of Kings County Nurses' Association. Her

death was sudden, and she will be deeply mourned by her professional associates, all of whom were her loving friends.

On March 28, at Long Branch, N. J., Margaret J. Herries, class of 1896, Bellevue Hospital, New York. Miss Herries was for some time connected with Bellevue Maternity, and later did private nursing in New York. She went to Long Branch in 1898 and for nineteen years gave untiring service to the Memorial Hospital. She was not only an ideal superintendent of nurses but a loyal friend and adviser to them all. Her loss will be keenly felt not only by the nurses, but by the hospital association, the medical board and the entire community. Miss Herries was a member of Bellevue Alumnae Association, president of the Nursing League of Monmouth County, treasurer of the New Jersey State League of Nursing Education, and an honorary member of Monmouth Memorial Hospital Alumnae Association.

BOOK REVIEWS

SIMPLIFIED INFANT FEEDING. With Seventy-five Illustrative Cases
By Roger H. Dennett, B.S., M.D., Adjunct Physician of Diseases of Children, New York Post-Graduate Medical School; Attending Physician of the Children's Department, New York Post-Graduate Hospital; Assistant Attending Physician at the Willard Parker Hospital and the Red Cross Hospital, New York. Fourteen Illustrations. J. B. Lippincott Company, Philadelphia and London. Price, \$3.50.

This book was first published in 1915, but has been reprinted several times. It is the result of years of experience in lecturing to post-graduate medical students, and is exceedingly plain and practical. It gives the preference to breast feeding of infants, but tells when it would be desirable to discontinue it. Artificial feeding is considered at length and many tested rules and formulas are given for healthy and sick infants. It advises against the invariable use of cathartics in diarrhoea, and deprecates the use of sugar of milk, as likely to cause fermentation. Nothing is seemingly omitted and the book is one for reference in any emergency connected with the feeding of young children.

BETTER BABIES. A guide to the Practical Care of the Mother and Young Child. By Samuel A. Visanska, Ph.G., M.D., formerly Professor of Theory and Practice of Pharmacy, Southern College of Pharmacy; Founder Children's Clinic Wesley House; Former Chairman Milk Committee, Atlanta Chamber of Commerce. Foote and Davies Company, Atlanta, Georgia. Price \$1.50.

This author spends but little time on the care of the mother, though the care of the baby is closely allied to it. He has evidently been impelled to write the book because he disapproved of conditions as he found them. He is not one of the men who thinks that the baby should be left to the tender mercies of the women. We can see him investigating everything pertaining to his own children with great thoroughness, and he probably desired to give others the benefit of the knowledge gained. His lengthy treatment of the abdominal band seems unnecessary to one who thinks its use obsolete and one cannot but think that if all the babies who have not been properly banded have suffered as he describes, then First Aid Classes in handling babies

should have been in order long ago. It is easy to grant that the baby's band has been the source of great discomfort, and the doctor's method much to be preferred. We would find it necessary to test the new method of diapering before approving, but that would be easy. Certainly genuine interest in the subject is shown throughout the book. All the simple ailments of childhood are presented briefly, and mothers would be helped by having the book for reference.

ADVICE TO WOMEN ON THE CARE OF THE HEALTH BEFORE, DURING AND AFTER CONFINEMENT. With Hints on the Care of the New born Infant and an Appendix on What to Get Ready for a Baby. By Florence Stacpoole, Diplomee of the London Obstetrical Society and Lecturer to the National Health Society. Revised from the fifth London edition to Conform to American Practice by Lydia E. Anderson, R.N., President of the State Board of Nurse Examiners, University of the State of New York. Funk and Wagnalls Company, New York and London. Price \$1.25.

Notwithstanding that this book has been revised for American use, it seems rather old-fashioned and not what one would expect an up-to-date nurse in this country to take as a guide. It gives much good advice, and no doubt supplies a need for nurses and patients who do not have access to modern methods as all nurses in this country may have if they are wide-awake.

THE FOUR EPOCHS OF WOMAN'S LIFE. A study in Hygiene. By Anna M. Galbraith, M.D., Fellow of the New York Academy of Medicine. With an introductory note by John H. Musser, M.D. Third edition, revised and enlarged. W. B. Saunders Company, Philadelphia and London. Price, \$1.50.

According to the author, when this book was written fifteen years ago, it was a pioneer work on sex hygiene. The subject has been so generally treated since that time, we cannot expect to find many new ideas. Chapters on Eugenics, Sex Education and the Safe-guarding of Maidenhood have been added.

OFFICIAL DIRECTORY

The American Journal of Nursing Company. *President*, Clara D. Noyes, R.N., Care American Red Cross, Washington, D. C. *Secretary*, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago, Ill. *Editor*, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses' Association.—*President*, Anne W. Goodrich, R.N., Teachers College, Columbia University, New York. *Secretary*, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. *Treasurer*, Mrs. C. V. Twiss, R. N., 419 West 144th Street, New York, N. Y. Annual convention to be held in Cleveland, Ohio, 1918.

The National League of Nursing Education.—*President*, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. *Secretary*, Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md. *Treasurer*, Mary W. McKechnie, R.N., Episcopal Hospital, Philadelphia, Pa. Annual meeting to be held in Cleveland, Ohio, 1918.

The National Organization for Public Health Nursing.—*President*, Mary F. Beard, R.N., 551 Massachusetts Avenue, Boston, Mass. *Secretary*, Ella Phillips Crandall, R.N., 600 Lexington Avenue, New York City. Annual meeting to be held in Cleveland, Ohio, 1918.

National Committee on Red Cross Nursing Service.—*Chairman*, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—*Superintendent*, Dora E. Thompson, R.N., Room 345½ War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—*Superintendent*, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

Isabel Hampton Robb Memorial Fund Committee.—*Chairman*, M. Adelaide Nutting, R.N., Teachers College, New York City. *Treasurer*, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Relief Fund Committee.—*Chairman*, Elizabeth E. Golding, R.N., 8 West 92d Street, New York, N. Y. *Treasurer*, M. Louise Twiss, R.N., 419 West 144th Street, New York City.

Private Duty Section of American Nurses' Association.—*Chairman*, Frances M. Ott, R.N., Morocco, Ind.

Mental Hygiene Section of American Nurses' Association.—*Chairman*, Elnora Thomson, R.N., 157 East Ohio Street, Chicago, Ill.

Legislative Section of American Nurses' Association.—*Chairman*, Anna C. Jammé, R.N., State Board of Health, Sacramento, Calif.

Department of Nursing and Health, Teachers College, New York.—*Director* M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City. *Assistant Professor*, Anne W. Goodrich, R.N., Teachers College, New York City.

Alabama.—*President*, Lemoyne Phares, R.N., Bondurant Sanitarium, Mobile. *Recording Secretary*, Helen MacLean, 2430 Eleventh Avenue, North, Birmingham. *Corresponding Secretary*, DeWitt Dillard, Mobile. *President examining board*, Lemoyne Phares, Mobile. *Secretary*, Helen MacLean, 2430 Eleventh Avenue, North, Birmingham.

Arkansas.—*President*, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock. *Corresponding secretary*, Annie Bremyer, R.N., 1023 Parker Avenue, Argenta. *President examining board*, M. D. Ogden, M.D., Little Rock. *Secretary-treasurer*, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock.

California.—*President*, E. T. Van Eman, 336 Loma Drive, Los Angeles. *Secretary*, Mrs. Benjamin Taylor, R.N., 126 Ramsell Street, San Francisco. *Director, Bureau of Registration of Nurses*, Anna C. Jammé, R.N., State Board of Health, Sacramento.

Colorado.—*President*, Mrs. C. A. Black, R.N., 2315 Greenwood Avenue, Pueblo. *Secretary*, Capitola Clymans, St. Luke's Hospital, Denver. *President examining board*, Lettie G. Welch, R.N., Nunn, Weld Co. *Secretary*, Louise Perrin, R.N., State House, Denver.

Connecticut.—*President*, Mary Grace Hills, R.N., 200 Orange Street, New Haven. *Secretary*, Harriet E. Gregory, R.N., 75 Elmwood Ave., Waterbury. *President examining board*, Lauder Sutherland, R.N., Hartford Hospital, Hartford. *Secretary*, R. Inde Albaugh, R.N., Pleasant Valley.

Delaware.—*President*, Anna M. Hook, R.N., 507 West 9th Street, Wilmington. *Corresponding secretary*, Amy Allen, R.N., 2212 Van Buren Street, Wilmington. *President examining board*, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. *Secretary*, Anna M. Hook, R.N., 507 West 9th Street, Wilmington.

District of Columbia.—*President*, Mrs. Lenah S. Higbee, R.N., 1821 I Street, N.W., Washington, D. C. *Corresponding secretary*, Lily Kanely, R.N., 918 18th Street, N.W., Washington, D.C. *President of examining board*, Sallie F. Melhorn, R.N., 1311 14th Street, N.W., Washington, D. C. *Secretary-treasurer*, Helen W. Gardner, R.N., 1337 K Street, N.W., Washington, D. C.

Florida.—*President*, Anna Davids, R.N., McEwan Hospital, Orlando. *Corresponding secretary*, Isabel H. Odiorne, R.N., 419 East Forsyth Street, Jacksonville. *President examining board*, Anna Davids, R.N., McEwan Hospital, Orlando. *Secretary-treasurer*, Thyra L. Williams, R.N., 2015 Avenue D, Miami.

Georgia.—*President*, Carrie Ransom, R.N., 809 Emmett Street, Augusta. *Corresponding secretary*, Mrs. Alstyne B. Thorpe, R.N., 427 Ellis Street, Augusta. *President examining board*, Louise Nisbet Hazlehurst, R.N., 375 Orange Street, Macon. *Secretary*, Jane Van de Vrede, R.N., 801 Price Street, Savannah.

Idaho.—*President*, Anna Daly, 521 North 6th Street, Boise. *Secretary*, Emma Amack, R.N., St. Luke's Hospital, Boise. *President examining board*, Mrs. Mabel S. Avery, R.N., 313 South 4th Street, Boise. *Secretary-treasurer*, Mariet S. Humphreys, Hospital, Soldiers' Home, Boise.

Illinois.—*President*, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago. *Secretary*, Lucy Last, 1910 Calumet Avenue, Chicago. *President examining board*, Adelaide Mary Walsh, R.N., 153 E. Chicago Avenue, Chicago. *Secretary and treasurer*, Anna Louise Tittman, R.N., State Capitol, Springfield.

Indiana.—*President*, Edith G. Willis, R.N., Good Samaritan Hospital, Vincennes. *Secretary*, Lora B. Roser, R.N., 632 N. Sexton Street, Rushville. *President examining board*, Mae D. Currie, R.N., 12 Bungalow Park, Indianapolis. *Secretary*, Edna Humphrey, R.N., Crawfordsville.

Iowa.—*President*, Ann J. Jones, R.N., 1111 West 11th Street, Des Moines. *Corresponding secretary*, Ella I. McDannel, R.N., Brucemore, Cedar Rapids. *President examining board*, W. L. Bierring, M.D., Des Moines. *Secretary*, Guilford H. Summer, M.D., Capitol Building, Des Moines.

Kansas.—*President*, Charline Zeller, R.N., 721 Washington Boulevard, Kansas City, Kansas. *Secretary*, W. Pearl Martin, R.N., 1231 Clay Street, Topeka. *Treasurer*, Kate Williams, R.N., Haven. *President examining board*, H. A. Dykes, M.D., Lebanon. *Secretary-treasurer*, Mayme M. Conklin, R.N., 832 Lincoln Street, Topeka.

Kentucky.—*President*, Elizabeth Bogle, 148 Barr Street, Lexington. *Corresponding secretary*, Sue Parker, R.N., 371 South Broadway, Lexington. *President examining board*, Mary Alexander, R.N., 1312 Hepburn Avenue, Louisville. *Secretary*, Flora E. Keen, R.N., Somerset.

Louisiana.—*President*, Mary C. Gillespie, R.N., 1517 Antonine St., New Orleans. *Secretary*, Mrs. Lydia Breaux, 3709 Prytania Street, New Orleans. *President examining board*, J. T. Crebbin, M.D., 1207 Maison Blanche Building, New Orleans. *Secretary*, C. A. Bahn, M.D., 22-24 Cusachs Building, New Orleans.

Maine.—*President*, Rachael Metcalf, 300 Main Street, Lewiston. *Corresponding secretary*, Kathryn Keating, 34 Howe Street, Lewiston. *President examining board*, J. E. Wadsworth, M.D., Skowhegan. *Secretary-treasurer*, Myrtie E. Taylor, R.N., Lewiston.

Maryland.—*President*, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore. *Secretary*, Mrs. Henrietta Knorr, City Health Department, Tuberculosis Division, Baltimore. *President examining board*, Helen C. Bartlett, R.N., 604 Reservoir Street, Baltimore. *Secretary and treasurer*, Mary Cary Packard, R.N., 1211 Cathedral Street, Baltimore.

Massachusetts.—*President*, Sara E. Parsons, R.N., Massachusetts General Hospital, Boston. *Corresponding secretary*, Mary E. P. Davis, R.N., 21 Walnut Avenue, Norwood. *President examining board*, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls. *Secretary*, Walter P. Bowers, M.D., State House, Boston.

Michigan.—*President*, Ida M. Barrett, R.N., Blodgett Memorial Hospital, Grand Rapids. *Corresponding secretary*, Anna M. Schill, R.N., Hurley Hospital, Flint. *President examining board*, Mrs. Susan Fisher Apted, 40 Ransom Avenue, Grand Rapids. *Secretary*, Mrs. Mary Staines Foy, R.N., Oakland Building, Lansing.

Minnesota.—*President*, Minnie F. Patterson, 1409 Stevens Avenue, Minneapolis. *Secretary*, Louise M. Powell, R.N., University Hospital, Minneapolis. *President examining board*, Ida I. C. Isaacson, R.N., 9th Avenue, South and 8th Street, Minneapolis. *Secretary*, Harriet B. Leach, R.N., 902 South 7th Street, Minneapolis.

Mississippi.—*President*, Mary H. Trigg, R.N., Sanitarium, Greenville. *Secretary*, Mrs. James A. Cameron, Hattiesburg. *President examining board*, Mrs. James A. Cameron, Hattiesburg. *Secretary-treasurer*, Mary H. Trigg, R.N., Sanitarium, Greenville.

Missouri.—*President*, L. Eleanor Keely, St. Luke's Hospital, Kansas City. *Secretary*, Etta L. Gowdy, 1015 East 29th Street, Kansas City. *President examining board*, M. Anna Gillis, R.N., City Hospital, St. Louis. *Secretary-treasurer*, Mrs. Mary E. S. Morrow, R.N., 417 East Main Street, Jefferson City.

Montana.—*President*, Mrs. Iva Clifi Benson, R.N., Fromberg. *Corresponding secretary*, Mary Denny, R.N., 920 Second Avenue, North, Great Falls. *President examining board*, Margaret M. Hughes, R.N., Box 928, Helena. *Secretary-treasurer*, Lydia Van Luvanee, St. Peter's Hospital, Helena.

Nebraska.—*President*, Amy Allison, Methodist Hospital, Omaha. *Secretary*, Edith M. Puls, R.N., 2022 North 18th Street, Omaha. *President examining board*, Gertrude R. Smith, R.N., 2211 St. Mary's Avenue, Omaha. *Secretary*, Catherine Wollgast, 1330 H Street, Lincoln.

New Hampshire.—*President*, Elizabeth Murphy, 4422 North State Street, Concord. *Secretary and treasurer*, Florence M. Knowles, Franklin Hospital, Franklin. *President examining board*, Anna C. Lockerby, Laconia Hospital, Laconia. *Secretary*, Ednah Cameron, R.N., 1 South State Street, Concord.

New Jersey.—*President*, Mary E. Rockhill, R.N., 754 Wright Avenue, Camden. *Secretary*, Ingeborg Praetorius, R.N., 22 Elm Street, Summit. *Treasurer*, Mary J. Stone, R.N., Hackensack Hospital, Hackensack. *President examining board*, Marietta B. Squire, R.N., 139 North 12th Street, Newark. *Secretary-treasurer*, Jennie M. Shaw, R.N., 139 North 12th Street, Newark.

New York.—*President*, Mrs. Hugh R. Jack, R.N., 201 West 105th Street, New York. *Secretary*, Beatrice M. Bamber, R.N., Harlem Hospital, New York. *President examining board*, Lydia E. Anderson, R.N., 109 Green Avenue, Brooklyn. *Secretary*, Jane E. Hitchcock, R.N., 600 Lexington Avenue, New York.

North Carolina.—*President*, Eugenia Henderson, R.N., Charlotte. *Secretary*, Mrs. Dorothy Hayden, R.N., Greensboro. *President examining board*, Maria F. Allen, R.N., Grace Hospital, Morgantown. *Secretary-treasurer*, Lois A. Toomer, R.N., 123 S. Fourth Street, Wilmington.

North Dakota.—*President*, Ethel E. Stanford, 701 Fourth Street South, Fargo. *Corresponding secretary*, Minnie Traynor, R.N., 509 Sixth Street, Grand Forks. *President examining board*, Jennie Mahoney, R.N., Bismarck Hospital, Bismarck. *Secretary-treasurer*, Mildred Clark, R.N., Devil's Lake General Hospital, Devil's Lake.

Ohio.—*President*, Mary M. Roberts, Dr. Holmes' Hospital, Cincinnati. *Secretary*, Laura R. Logan, Cincinnati General Hospital, Cincinnati. *Chief*

examiner, Harriet L. P. Friend, State House, Columbus. *Secretary*, George H. Matson, M.D., State House, Columbus.

Oklahoma.—*President*, Rose Walker, El Reno. *Secretary*, Vena M. Woods, R.N., Baptist Hospital, Muskogee. *President examining board*, Lucy Maguire, R.N., St. Anthony's Hospital, Oklahoma City. *Secretary and treasurer*, Mabel Garrison, R.N., 1701 West Fifteenth Street, Oklahoma City.

Oregon.—*President*, Jane V. Doyle, R.N., 674 Kearney Street, Portland. *Secretary*, Grace E. Forbes, 1029 East Morrison Street, Portland. *President examining board*, Mrs. O. E. Osborne, R.N., 512 Oakdale Avenue, Medford. *Secretary-treasurer*, Jane V. Doyle, R.N., 674 Kearney Street, Portland.

Pennsylvania.—*President*, Susan C. Francis, R.N., Jewish Hospital, Logan Station, Philadelphia. *Secretary-treasurer*, Williamina Duncan, R.N., 322 North Craig Street, Pittsburgh. *President examining board*, William S. Higbee, M.D., 1703 South Broad Street, Philadelphia. *Secretary-treasurer*, Albert E. Blackburn, M.D., 3813 Powelton Avenue, Philadelphia.

Rhode Island.—*President*, Mrs. Harriet P. Churchill, 352 Broad Street, Providence. *Corresponding secretary*, Alida Young, Providence Lying-in Hospital, Providence. *President examining board*, Henry C. Hall, M.D., Butler Hospital, Providence. *Secretary-treasurer*, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket.

South Carolina.—*President*, Mary McKenna, R.N., St. Francis Infirmary, Charleston. *Secretary*, Antonia B. Gibson, 10 Baker Street, Sumter. *Secretary, board of nurse examiners*, A. Earle Boozer, M.D., Columbia.

South Dakota.—*President*, Mrs. Elizabeth Dryborough, Rapid City. *Corresponding secretary*, Nellie Card, Rapid City.

Tennessee.—*President*, Lena A. Warner, R.N., 1003 Luttrell Street, Knoxville. *Secretary and treasurer*, Jeannette M. Paulus, 1003 Luttrell Street, Knoxville. *President examining board*, J. D. Brewer, M.D., Newbern. *Secretary*, Nell J. Dougherty, R.N., 408 Vauxhall Apartments, Nashville.

Texas.—*President*, Mrs. Grace Engblad, Houston. *Secretary*, Retta Johnson, R.N., Lavielle Apartments, Houston. *President examining board*, Nellie Knight, R.N., 1314 Lamar Avenue, Houston. *Secretary and treasurer*, Mrs. T. J. Walthall, Physicians and Surgeons Hospital, San Antonio.

Utah.—*President*, Ella Wicklund, Holy Cross Hospital, Salt Lake City. *Secretary*, Stella Peterson, County Hospital, Salt Lake City.

Vermont.—*President*, Flora Landon, 16 Colchester Avenue, Burlington. *Secretary-treasurer*, Florence E. Miller, 49 Park Street, Springfield. *President examining board*, Donly C. Hawley, M.D., Burlington. *Secretary*, Mary E. Schumacher, R.N., Brattleboro Memorial Hospital, Brattleboro.

Virginia.—*President*, Ruth I. Robertson, R.N., St. Luke's Hospital, Richmond. *Secretary*, Agnes D. Randolph, State Department of Health, Richmond. *President examining board*, Elizabeth H. Webb, R.N., 705 West Grace Street, Richmond. *Secretary-treasurer*, Julia Mellichampe, R.N., Pulaski.

Washington.—*President*, Katherine Major, R.N., King County Hospital, Seattle. *Secretary*, Bell Fraser, R.N., 2107 Warren Avenue, Seattle. *President examining board*, Anna T. Phillips, R.N., 311 South Fourth Street, Tacoma. *Secretary*, Ella A. Wilkinson, R.N., St. Luke's Hospital, Bellingham.

West Virginia.—*President*, Mrs. Susan Cooke, R.N., Lock Box 457, Wheeling. Home address, Bridgeport, Ohio. *Secretary-treasurer*, Mrs. R. J. Bullard, R.N., Lock Box 457, Wheeling. Home address, 510 Catawba Street, Martin's Ferry, Ohio. *President examining board*, Dr. J. McLee Sites, Martinsburg. *Secretary*, Dr. Charles M. Scott, Bluefield.

Wisconsin.—*President*, Mary Good, R.N., County Hospital, Wauwatosa. *Secretary*, Bertha Schultz, R.N., 284 27th Street, Milwaukee. *Treasurer*, Margaret Pakenham, R.N., 230 Biddle Street, Milwaukee. *President committee of examiners*, Mathild H. Krueger, R.N., Neenah. *Secretary*, Anna J. Haswell, R.N., 1610 Jefferson Street, Madison.

Wyoming.—*President*, Jennie McKenzie, R.N., St. John's Hospital, Cheyenne. *Secretary*, Marie L. Fernandez, R.N., Private Hospital, Cheyenne. *President examining board*, Mrs. James E. Mills, R.N., Rock Springs. *Secretary*, Martha A. Converse, R.N., Casper.

erge H.

Woods,
aguire,
Mabel

rtland.
ent ex-
Sec-

Logan
North
M.D.,
xburn,

Provi-
spital,
spital,
spital,

mary,
relary,

Corre-

xville.
xville.
Nell J.

John-
Nellie
rs. T.

Sec-

ngton.
sident
ry E.

Rich-
mond.
Street,

spital,
sident
coma.

eeling.
R.N.,
Ferry,
relary,

atosa.
Mar-
tee of
swell,

venne.
sident
artha

PROCEEDINGS

OF THE

TWENTIETH ANNUAL CONVENTION

OF THE

American Nurses' Association

HELD AT

BELLEVUE-STRATFORD HOTEL

PHILADELPHIA, PENNSYLVANIA

April 26-May 2, 1917

HONORARY MEMBERS

MRS. WINTHROP COWDIN
MRS. WILLIAM K. DRAPER
MRS. BEDFORD FENWICK
MRS. BAYARD CUTTING

MRS. WHITELAW REID
MRS. HELEN HARTLEY JENKINS
MARY E. P. DAVIS, R.N.
LAVINIA L. DOCK, R.N.

SOPHIA F. PALMER, R.N.

HONORARY MEMBERS WHO HAVE DIED

FLORENCE NIGHTINGALE

ISLA STEWART

ANNIE DAMER, R.N.

OFFICERS FOR 1917-18

President

ANNIE W. GOODRICH, R.N., New York, N. Y.

First Vice-President

ADDA ELDREDGE, R.N., New York, N. Y.

Second Vice-President

ELSIE M. LAWLER, R.N., Baltimore, Md.

Secretary

KATHARINE DEWITT, R.N., Rochester, N. Y.

Treasurer

MRS. C. V. TWISS, R.N., New York, N. Y.

DIRECTORS

For Three Years

ELLA PHILLIPS CRANDALL, R.N., New York, N. Y.
MARY C. WHEELER, R.N., Chicago, Ill.

For Two Years

HELEN B. CRISWELL, R.N., Los Gatos, Calif.
S. LILLIAN CLAYTON, R.N., Philadelphia, Pa.

For One Year

JANE A. DELANO, R.N., Washington, D. C.
MARY M. RIDDLE, R.N., Newton Lower Falls, Mass.

Ex-Officio Directors

S. LILLIAN CLAYTON, R.N., President National League of Nursing Education
MARY BEARD, R.N., President National Organization for Public Health Nursing

COMMITTEES

STANDING COMMITTEES

Eligibility

MARTHA M. RUSSELL, R.N. JANE VAN DE VREDE, R.N.
MRS. H. P. CHURCHILL, R.N. MRS. J. E. ROTH, R.N.
MATHILD KRUEGER, R.N.

Programme

MARY M. ROBERTS, R.N. ELLA PHILLIPS CRANDALL, R.N.
ELIZABETH C. BURGESS, R.N. S. LILLIAN CLAYTON, R.N.
AMY H. TRENCH, R.N.

Arrangements

ALMA C. HOGLE, R.N., Chairman

Publication

MARY C. WHEELER, R.N. SOPHIA F. PALMER, R.N.
KATHARINE DeWITT, R.N.

Nominating

MRS. CHARLES D. LOCKWOOD, R.N. ANNA DAVIDS, R.N.
EDITH P. ROMMELL, R.N. SARA M. MURRAY, R.N.
ANNA L. TITTMAN, R.N.

Relief Fund

ELIZABETH E. GOLDING, R.N. ADDA ELDREDGE, R.N.
MRS. C. V. TWISS, R.N. KATHARINE DeWITT, R.N.
MRS. JANETTE PETERSON, R.N.

Committee on Revision

SARAH E. SLY, R.N. AGNES G. DEANS, R.N.
The Interstate Secretary

Finance

MARY L. KEITH, R.N. ELIZABETH A. GREENER, R.N.
MRS. C. V. TWISS, R.N.

SECTIONS OF THE AMERICAN NURSES' ASSOCIATION

Section on Private Duty

Chairman, FRANCES M. OTT, R.N.

Section on Mental Hygiene

Chairman, ELENORA THOMSON, R.N.

Section on Legislation

Chairman, ANNA C. JAMMÉ, R.N.

MEMBERSHIP OF THE AMERICAN NURSES' ASSOCIATION

National Associations.....	2
State Associations.....	45
County and City Associations.....	48
Alumnae Associations.....	254
Permanent members.....	198
Charter members.....	19

Attendance at the Twentieth Annual Convention

Delegates from National Associations.....	2
Delegates from State Associations.....	64
Delegates from County and City Associations.....	27
Delegates from Alumnae Associations.....	280
Permanent members.....	100
Charter members.....	4
Officers.....	10
General registration.....	1191

PROCEEDINGS OF THE TWENTIETH ANNUAL CONVENTION OF THE AMERICAN NURSES' ASSOCIATION

PHILADELPHIA, PENNSYLVANIA, APRIL 26-MAY 2, 1917

The twentieth annual convention of the American Nurses' Association was called to order by the president, Annie W. Goodrich, at 2.40 p.m., Thursday, April 26, 1917, at the Bellevue-Stratford Hotel, Philadelphia, Pa. The first roll call was by states, all present from a state rising as the name was called. The charter members present were then asked to rise, Mary E. P. Davis and Lucy Walker Donnell responding. Later Anna C. Maxwell and Mary A. Nutting were present. Two honorary members were also present, Mrs. Helen Hartley Jenkins and Mrs. William K. Draper.

SECRETARY'S REPORT

Reorganization of the Association and its affiliated organizations and the effort to procure a national charter have been the matters of greatest interest during the year. A letter regarding the requirements for reorganization was sent in the summer to the entire membership. In the fall, a letter was sent to all, regarding the national charter. Later a more detailed request for coöperation was sent to all the affiliated associations in the sixteen states having Representatives in the District Committee which had charge of our bill. So far as the secretary can judge by the letters which came to her, the best response to the appeals for help in securing the charter were from nurses in Illinois, Kentucky, Massachusetts, New York and Ohio. In each of these states a few women interested themselves, roused others, interviewed politicians and Representatives, secured the endorsement of hospital boards and created sentiment in favor of the charter in as wide a field as they could reach. In no one state did all the associations really take hold of the matter and work together for it. Because of the great national issues before the country the charter has dropped out of sight, as the report of the Revision Committee will show.

Changes in the membership of the Association through the year have been as follows: We have gained 1 State Association (South Dakota), 1 City Association, 14 Alumnae Associations, and 4 perma-

nent members. We have lost by resignation: 4 City Associations and 19 permanent members. Our membership now stands as follows: National, 2; State, 45; City or County, 48; Alumnae, 254; Permanent, 208; Charter, 19; Honorary, 8.

At the convention of the American Association for the Study and Prevention of Infant Mortality, this Association was represented by Mrs. Kate Kohlsaat of Milwaukee. At the coming congress of the National Organization for the Study and Prevention of Tuberculosis, to be held in Cincinnati on May 9, Mary G. Fraser of Cincinnati will act as our delegate.

In addition to the letters already mentioned, communications have been sent to the affiliated associations asking them to report at this convention in regard to their progress in reorganization, and to the state associations in regard to Health Insurance.

Three directors' meetings have been held since the last convention. On May 3, at New Orleans, committees were appointed and two sections were created, those on Private Duty Nursing and on Mental Hygiene. On November 2 and 3, in New York City, committee reports were received, applications were acted upon, and reorganization and the charter were discussed with the Revision Committee. Plans for the convention were arranged both separately and in joint session with the other national bodies. Members for the National Committee on Red Cross Nursing Service were nominated. On January 18-20, in New York, directors for the American Journal of Nursing Company were elected, reports of committees were received, applications were acted upon and convention plans were made. On April 25, in Philadelphia, reports of committees were received. Six alumnae associations were admitted to membership. Thirteen resignations of permanent members were accepted. It was decided to recommend to the affiliated associations that in reorganizing they should try to include the subscription to the JOURNAL in their dues. Incorporation was discussed and it was decided to recommend to the delegates that an effort be made to secure incorporation in the District of Columbia.

We should like to emphasize again the necessity for our having correct addresses of all secretaries of affiliated organizations. It is to their advantage as well as ours to keep us posted.

KATHARINE DEWITT, *Secretary.*

TREASURER'S REPORT

GENERAL FUND

Receipts

Balance April 1, 1916.....		\$3,832.53
Dues, alumnae associations.....	\$4,130.05	
Dues, state associations.....	540.10	
Dues, city and county associations.....	410.00	
Dues, permanent members.....	372.50	
Interest on bank balance.....	63.87	
Dividend American Journal of Nursing Company.....	672.00	
Return of loan to Florence Nightingale Fund.....	25.00	6,213.52
		<u>\$10,046.05</u>

Disbursements

Expenses of convention.....	\$779.56
Executive committee.....	582.95
Registrar.....	25.50
Stenographer, annual meeting.....	327.00
Badges.....	45.15
Programme for convention.....	143.50
Printing, stationery and office supplies.....	290.45
Postage.....	98.57
Office expenses, typewriting for officers.....	196.63
"Schools of Nursing," prepared by Mary C. Wheeler.....	192.00
Expenses of Revision Committee, Sarah E. Sly, chairman.....	246.63
Emma A. Fox, parliamentary.....	20.00
Chairman of Programme Committee, Martha M. Russell (Attending meeting at New Orleans, etc.).....	145.86
Chairman of Transportation, Mrs. C. V. Twiss.....	5.10
Eligibility Committee, Margaret Montgomery.....	1.40
Chairman of Legislative Committee, Anna C. Jammé.....	5.00
Excess pages for convention number, American Journal of Nursing....	575.03
Salary of general secretary.....	800.04
Salary of treasurer.....	400.00
Bond for treasurer.....	7.50
Auditing treasurer's books.....	25.00
Rent of safe deposit box (February 1, 1917-February 1, 1918).....	5.00
Dues to American Association for Study and Prevention of Infant Mortality.....	5.00
Dues to Society for Study and Prevention of Tuberculosis.....	5.00
Dues returned to association.....	15.00
Exchange on cheques.....	5.94
Total disbursements.....	<u>4,948.81</u>
Total receipts.....	\$10,046.05
Total disbursements.....	4,948.81
Balance April 1, 1917.....	<u>\$5,097.24</u>

STATEMENT OF RESOURCES, MARCH 31, 1917

Cash in New Netherlands Bank, General Fund.....	\$5,097.24
Cash in Farmers Loan and Trust Co., Nurses' Relief Fund.....	3,662.90
13 Bonds, Nurses' Relief Fund, in New Netherlands Safe Deposit Vault, par value.....	13,000.00
2 Certificates of Stock, Nurses' Relief Fund, in New Netherlands Safe Deposit Vault, par value.....	2,000.00
American Journal of Nursing Stock, in New Netherlands Safe Deposit Vault, par value.....	8,400.00
Total.....	\$32,160.14

M. LOUISE TWISS, R.N., *Treasurer.*

I have made personal examination of the cash, stocks and bonds in possession of the treasurer of the American Nurses' Association, amounting to \$32,160.14, and I certify that the foregoing statement is correct.

CHAS. E. CADY, C.P.A.

NURSES' RELIEF FUND

Receipts

Balance, April 1, 1916.....	\$1,804.20
Contributions.....	2,420.70
Calendars and cards.....	4.05
Interest on bonds.....	672.50
Interest on bank balance.....	64.46
	<u>\$4,965.91</u>

Disbursements

Stationery and printing.....	\$36.85
Postage.....	13.65
L. A. Giberson Crass, Chairman, expenses attending convention.....	200.00
Exchange on cheques.....	2.51
Application approved No. 1.....	120.00
Application approved No. 2.....	60.00
Application approved No. 3.....	30.00
Application approved No. 4.....	340.00
Application approved No. 5.....	110.00
Application approved No. 6.....	110.00
Application approved No. 7.....	75.00
Application approved No. 8.....	135.00
Application approved No. 9.....	20.00
Application approved No. 10.....	30.00
Application approved No. 11.....	20.00
	<u>\$1,303.01</u>
Balance in Farmers Loan and Trust Company, April 1, 1917.....	\$3,662.90
13 bonds par value.....	13,000.00
2 certificates of stock, par value.....	2,000.00
	<u>\$18,662.90</u>

M. LOUISE TWISS, R.N., *Treasurer.*

Audited and found correct.

CHAS. E. CADY, C.P.A.

REPORT OF THE PROGRAMME COMMITTEE

The chairmen of the programme committees of the American Nurses' Association, the National Organization of Public Health Nursing and the National League of Nursing Education have worked independently and jointly, and are now ready to submit the programme for the convention being held. In presenting the programme, the committee wishes to draw your attention to the following facts. In spite of the instructions received by the committees that it would be desirable to arrange for two days of general joint sessions and two days of independent and formal meetings, the committee unanimously agreed that this arrangement would not provide sufficient opportunity to discuss as many topics as are being urgently called for, therefore, all general meetings have been arranged as joint meetings of the three associations. In recognition of a difference of opinion expressed by many members of all the associations, the committee has arranged for some sessions in which discussions of papers will take place immediately following the papers and other sessions in which these discussions will be held at separate round tables. In the latter, the presiding officers will be charged with the responsibility of giving a brief résumé of the papers presented at the formal sessions. The subjects presented at the joint sessions will be taken up from three standpoints, thus giving opportunity for discussions of problems from the Public Health side as well as from the Administrative and Educational. These general sessions have been arranged to cover one and a quarter hours each, allowing fifteen-minute intervals between all consecutive sessions. The programme is crowded; this being true, definite hours for additional business sessions have been arranged, in order that business and formal programmes may not conflict. In spite of the best efforts of the committee, it has been impossible to include in the programme all the topics desired by members of the three organizations. An effort will be made, however, to arrange round table conferences in order to at least partly meet this demand. In accordance with suggestions, no formal meetings have been provided for Sunday. The Local Arrangement committee has solicited special services in one church of every denomination, and the Entertainment Committee will furnish escorts for all visitors to the various churches of every choice. A social hour with tea has been arranged for four days in the afternoons. In order to encourage a greater interest in nursing affairs, the Committee on Arrangements has arranged that afternoon tea be served by the club women of the city, and members of the boards of managers from the various hospitals. Special meet-

\$5,097.24
3,662.90
13,000.00
2,000.00
8,400.00
32,160.14
insurer.

n posses-
to \$32,-

C.P.A.

\$1,804.20
2,420.70
4.05
672.50
64.46
4,965.91

1,803.01
3,662.90
3,000.00
2,000.00
8,662.90
insurer.

ings have been arranged for the lay members of the National Organization of Public Health Nursing; these to be held during hours in which the American Nurses' Association holds its House of Delegates' meeting, and also at other times.

S. LILLIAN CLAYTON, *Chairman.*

REPORT OF THE ARRANGEMENTS COMMITTEE

The chairman of the Arrangements Committee, Anna K. Sutton, called a meeting of the representative women in the nursing profession in Philadelphia and appointed her committee. The members of this committee serve as chairmen of the following committees: Churches, Demonstration, Entertainment, Finance, Halls, Hostesses, Local Programmes and Badges, Publicity, Social, Transportation, and Ushers.

Hotel Bellevue was approved by the national association as headquarters.

The Committee on Churches has arranged for special services. Members and delegates will accompany delegates and guests to the various churches.

The Committee on Demonstration has arranged for a demonstration in practical nursing on the evening of May 1, as follows: (1) (a) Making of a Bradford frame bed; (b) Dry cupping; (c) Dry pack; (2) How to teach solutions, theoretically and practically.

The Committee on Entertainments made provisions for the following dates: April 26, Trip to Wanamaker's store where a concert will be given in Egyptian Hall. April 27, Visit to State House and to Curtis Publishing Company. April 28, A trip to Valley Forge, arranged for by the W. B. Saunders Publishing Company. April 30, Tour of the University of Pennsylvania buildings. May 1, Sight-seeing tour of Philadelphia. May 2, A trip to the Mulford laboratories.

The Committee on Halls made the reservation of the hotel for the Convention, and of the Academy of Music for two nights.

The Committee on Hostesses will be present at all meetings. The chairman of this committee will post on the bulletin board the names of state delegates.

The Committee on Local Programmes and Badges compiled the local programme and has distributed badges to the various committees.

The Publicity Committee has employed a representative of the Associated Press, who in turn will have a committee with reports of the associations, abstracts of papers, etc.

The Social Committee has arranged for teas with the following hostesses. April 26, Representative women from hospital boards;

April 27, Representative Civic Club women; April 28, At Valley Forge, the Maryland State Nurses' Association, the honored hostesses will be the Women's Patriotic Societies: The Colonial Dames, Daughters of the American Revolution, Daughters of the Revolution, Society of the War of 1812, Founders and Patriots Society, Pennsylvania Society of New England Women; April 30, Representatives from Women's Clubs, Acorn Club, College Club, New Century Club, Philomusian Club; May 1, The Nurses' Guild of Our Lady of the Visitation, music by the Ruthenian Choir (in costume).

The Committee on Transportation has made arrangements to meet officers, delegates and guests, and to conduct them to their various hotels. Schedules were prepared by the Pennsylvania Railroad for through trips.

The Committee on Ushers has arranged for fifty ushers, who responded gladly.

The Bureau of Information has arranged that all requests, complaints and data of importance that may further the interests of the Convention shall be given directly to the Bureau of Information, not to the hotel management.

ELIZABETH LOBB, *Chairman*.

REPORT OF THE ELIGIBILITY COMMITTEE

During the year twenty-two applications have been presented to the committee for consideration. Nineteen have been acted upon and returned to the secretary. Two, the Somerville Hospital Alumnae and the Malden Hospital Alumnae, are still in the hands of the committee. One, the Alaska State Association, due to incomplete information, was held by the chairman until too late to go the rounds of the members. This has been returned to the secretary.

EMMA M. NICHOLS, *Chairman*.

REPORT OF THE NOMINATING COMMITTEE

Nominating Blanks:

	<i>Sent</i>	<i>Returned</i>
National organizations.....	2	2
State associations.....	44	28
City and county associations.....	51	17
Alumnae associations.....	246	67
Permanent members.....	217	65
Charter members.....	19	1
	<u>579</u>	<u>180</u>

One blank was returned that could not be identified in the lists and therefore was not counted. Seven blanks only were returned unclaimed.

Of the votes cast:

President.....	180 votes	2 blanks
First vice-president.....	178 votes	2 blanks
Second vice-president.....	176 votes	4 blanks
Treasurer.....	177 votes	3 blanks
Secretary.....	179 votes	1 blank
Directors.....	355 votes	5 blanks

The count of the vote was made by four members of the Nominating Committee, one member being out of the country, and they declare the following to be nominated, who have consented to allow their names to appear on the ticket:

President—Annie W. Goodrich; second nomination from the floor.

First vice-president—Adda Eldredge, Louise M. Powell.

Second vice-president—Elsie M. Lawler, Amy Allison.

Secretary—Katharine De Witt, Williamina Duncan.

Treasurer—Mrs. C. V. Twiss, second nomination from the floor.

Directors for three years—Ella Phillips Crandall, Mathild Krueger, Mary M. Roberts, Mary C. Wheeler.

LOUISE M. POWELL, *Chairman*.

The president asked for nominations from the floor for each office, but none were made. She then announced the hours for opening and closing the polls.

REPORT OF THE RELIEF FUND COMMITTEE

Four meetings were held during the year. Thirteen applications for relief were considered, nine from the previous year and four new ones. Relief for three applicants was discontinued. Two were able to take up light duties.

Letters were sent to all affiliated state associations, asking them to appoint state Relief Fund committees; to form sub-committees in order to reach all nurses in the state; to secure at least one-dollar pledges for any number of years and to forward these in large numbers to the treasurer of the American Nurses' Association; to help increase the Fund in any way possible; to investigate applications for relief and secure local assistance when possible. The following states have appointed state Relief Fund Committees: New York, California, Alabama, North Dakota, Vermont, Oregon, Kentucky, Ohio, Penn-

sylvania, Maryland, Nebraska, District of Columbia, Florida. Reports have not come in from all the states regarding the work done, but special mention must be made of the splendid work of the California state committee and of the interest shown in New Jersey and Arkansas.

It is gratifying to be able to report that all pledges made at the New Orleans convention have been redeemed.

The members of the committee realize more and more the responsibility of the American Nurses' Association to have a fund sufficiently large to care for its members, this need is emphasized by the many sad appeals coming to them. If instead of a committee of six, each member of the American Nurses' Association could be on the committee and could read each application and realize the vital need represented, we are sure the fund would rapidly increase. At this time when so many appeals are coming to nurses because of the present war, none should be more appealing than those from our own membership. The committee recommends, by unanimous vote, that the name of the Relief Fund shall not be changed.

LYDIA GIBERSON CRASS, *Chairman*.

REPORT OF THE REVISION COMMITTEE

Several meetings of the committee were held in New York during the third week of October, 1916, one in Philadelphia on April 25, 1917. During the year informal meetings of the committee have been held, and there have been numerous conferences with Mrs. Emma A. Fox, parliamentarian.

The proposed amendments to the by-laws to be voted upon at this convention are in your hands, having been sent out with the call for the meeting, in accordance with the by-laws, and are a part of this report.

Out of forty-five states affiliated with the American Nurses' Association, your committee has worked through correspondence with the following twenty-six state associations, also with many local associations of nearly all these states: Alabama, Colorado, California, Connecticut, Delaware, Florida, Georgia, Iowa, Kentucky, Massachusetts, Minnesota, Mississippi, Montana, New Jersey, North Dakota, New York, New Hampshire, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Wisconsin, West Virginia and Washington.

The following states have not been heard from: Arkansas, District of Columbia, Idaho, Louisiana, Maine, Maryland, North Carolina, Oklahoma, Rhode Island, South Dakota, South Carolina, Utah and Vermont.

The states of Indiana, Kansas, Missouri, Nebraska, Pennsylvania and Connecticut extended very cordial invitations to your chairman to attend their fall meetings, but she was unable to go. The call from Indiana, Kansas, Missouri and Nebraska was so urgent that Miss Deans gave a week's time in October to attend their meetings, and since that time she has looked after the correspondence from these states. She has also districted the state of Michigan, and its proposed constitution and by-laws, framed to conform to the requirements of the American Nurses' Association, are ready for adoption. Miss Ahrens has taken good care of Illinois.

In the short time in which the state associations have to complete this plan which you have adopted, it will require the hearty coöperation of every individual nurse in the organization to which she belongs.

The national charter which was drafted by John W. Davis, Solicitor-General and Counselor of the American Red Cross, passed the United States Senate, but it failed to be reported out by the District Committee of the House of Representatives.

The question of incorporating under the laws of the District of Columbia is under consideration, and upon investigation we find that the laws of the District of Columbia seem to meet all the requirements of the Association. Your committee, therefore, recommends that the Association incorporate under the laws of the District of Columbia.

SARAH E. SLY, *Chairman.*

The president asked for discussion on the question of incorporating in the District of Columbia, asking Miss Sly to read the incorporation law of the District, which she did.

INCORPORATION LAW OF THE DISTRICT OF COLUMBIA

CHAPTER XVIII

Subchapter III. Societies, benevolent, educational and so forth

SEC. 599. Certificate. Any three or more persons of full age, citizens of the United States, a majority of whom shall be citizens of the District, who desire to associate themselves for benevolent, charitable, educational, literary, musical, scientific, religious or missionary purposes including societies formed for mutual improvement or for the promotion of arts, may make, sign and acknowledge before any officer authorized to take acknowledgment of deeds in the District, and file in the office of the recorder of deeds to be recorded by him, a certificate in writing in which shall be stated:

First. The name or title by which society shall be known in law.

Second. The term for which it is organized, which may be perpetual.

Third. The particular business and objects of the society.

Fourth. The number of its trustees, directors or managers for the first year of its existence.

SEC. 600. Signers incorporated. Upon filing their certificates, the persons who shall have signed and acknowledged the same and their associates and successors shall be a body politic and corporate by the name stated in such certificate, and by that name they and their successors may have and use a common seal and may alter and change the same at pleasure, and may make by-laws and elect officers and agents, and may take, receive, hold and convey real and personal estate necessary for the purpose of the Society as stated in their certificate, and other real and personal property the clear annual income from which shall not exceed in value twenty-five thousand dollars. *Provided, however,* That this section shall not be construed to exempt any property from taxation in addition to that now specifically exempt by law.

SEC. 601. Trustees. Such incorporated society may elect its trustees, directors or managers at such time and place and in such manner as may be specified in its by-laws, who shall have the control and management of the affairs and funds of the society, and a majority of whom shall be a quorum for the transaction of business; and whenever any vacancy shall happen in such boards of trustees, directors or managers, the vacancies shall be filled in such manner as shall be provided by the by-laws of the society.

Property. How managed. Any property of the corporation may be leased, encumbered by mortgage or deed of trust in the nature of a mortgage or sold and conveyed absolutely when authorized by a vote of the majority of the shares of stock, if the same be a stock corporation, or by a vote of the majority of the directors, managers or trustees, if the same *be not* a stock corporation, at a meeting called for the purpose, the proceedings of which meeting shall be duly entered in the records of the corporation, and the proceeds arising therefrom shall be applied or invested for the use and benefit of such corporation.

Name of corporation.—The provisions of this subchapter shall not extend or apply to any *corporation*, association or individual who shall in the certificate filed with the recorder of deeds, use or specify a name or style the same as that of any other incorporated body in the District.

(As approved March 3, 1905.)

MISS GOODRICH: I think perhaps I should explain this question a little. You know that we hoped to get a national charter. We have had definite word from Miss Delano, who was empowered to take the matter up for us in Washington, that it is quite out of the question to hope that anything will be done during this Congress. When the matter was taken up originally by Miss Delano she made the suggestion, having investigated somewhat in Washington, that incorporation under the District of Columbia would perhaps be as satisfactory as a national charter. Finding that our parliamentarian was going on to Washington this last week, we asked if she would look the matter up and discuss the question with Miss Delano and be prepared to make a recommendation to the Revision Committee. You have heard the recommendation made by the Revision Committee, which is the result of that investigation. It has seemed to Mrs. Fox, the parliamentarian, that it would be quite a simple matter for us to incorporate, and that we might conclude this business now, legally, if the Association thought it desirable to so incorporate. We are going to ask you to consider the question this afternoon and to decide whether you would like to

proceed to have the papers drawn up. It would be an excellent opportunity, while we are in Philadelphia, to have the papers come back here and the matter again be brought before you, so that we could be sure that all of the act was in accordance with our desire. Whatever we decide on this afternoon will not be final, because we cannot decide finally until we have actually had the act drawn up. I should, perhaps, inform you that the Board of Directors has recommended that we incorporate under the District of Columbia, that the joint boards of directors of our three national organizations have made the same recommendation, and that the Advisory Council this afternoon also recommended it.

Miss Robinson moved that we incorporate under the District of Columbia.

Miss Graves asked why we should incorporate there rather than in some state.

The president replied that the Revision Committee, in its "Summary of Questions Relating to Reorganization," issued before the convention in New Orleans, had reported that after looking up the laws of various states and after considering the advisability of forming a National Council, it recommended that, "As a National Council is undesirable, a national charter or one under the laws of the District of Columbia would seem to meet the requirements." The delegates were asked to come ready to vote whether they approved amending the present charter under the laws of New York State, and if they did not approve, if they would after that incorporate under a national charter. They voted not to amend their charter under the laws of New York State and they did vote to try to obtain a national charter.

Miss Burns asked whether the District law did not require that a majority of the members be residents of the District.

Miss Goodrich explained that a majority of the signers of the papers of incorporation must be residents of the District, not a majority of the members of the association.

Miss Burns then asked whether the charter under the District of Columbia would have as large a scope as the national charter. Miss Sly replied that it would be somewhat more limited but was liberal enough to allow us to do the things we want to do. Miss Waterman asked whether a national charter could be obtained later. Miss Goodrich replied that that would be as the association decided, if our business went on smoothly under the District charter, a national one might not seem necessary or advisable. Mrs. Crass called attention to the fact that the original motion to try to obtain a national charter had never been reconsidered or rescinded.

Miss Robinson withdrew her motion, but after further discussion and suggestions, substituted one rescinding the action taken last year that efforts should be made to secure a national charter.

After some discussion as to whether the District charter should be considered a temporary measure, continuing the effort to obtain a national charter, Mrs. Fox was asked to speak on the comparative advantages of the two.

Mrs. Fox: I am at a loss to tell you that there would be any distinct advantage, unless perhaps it is the little prestige that one may think follows from having the special child of an Act of Congress. If you have a charter from the United States Congress it is passed for you alone, and no other society can take advantage of it. On the other hand, this Act of the District of Columbia is what is called a general act rather than a special act, and it is in such language, as you have heard from the Revision Committee, that you and many other associations can become incorporated under it by complying with the conditions. Other than that I do not know but that you have every possible advantage under this Act. If you choose to incorporate under it, it gives you the privilege of holding your meetings in any state in the Union that you desire. It gives you absolute latitude in electing your officers, and by your by-laws you may have any kind of representation, any kind of membership that you decide. It is really, it seems to me, a very desirable statute for the work that you want to do. As has already been said by your president, your work is not going on in a proper way. Nothing very serious has resulted, probably because it is well understood that you are making every effort and working as rapidly as possible towards doing something better. But you can hardly expect to continue under the statute of the State of New York, under which you are now incorporated, because you know and the officers know and everyone knows that you are not doing just what you should under those circumstances.

Miss Burns urged that the District charter be considered temporary and that efforts be continued to secure a national charter for a national association.

MISS DAVIS: If there is no real advantage, no perceptible advantage between the two, the Federal charter and the charter under the District of Columbia, what would be the use of our still continuing to try for a Federal charter? Is this to be temporary or is it to be permanent? If there is no real advantage in a Federal charter then we might just make this permanent at the present time and not try again for a Federal.

MISS ELDREDGE: May I say that we may not be able to get a national charter. As Mrs. Fox says, it is a matter of sentiment, rather, of prestige. It seems much more important that we have a charter under which we can do business legally, and that we are no more certain that we can get a national charter next year or the year after that than now. We do not know how long, even, these war conditions are going to last. It seems much wiser to put this on a legal basis and have a charter under the District of Columbia and to allow the states to go on with their reorganization and get on a proper working basis than to go on when nobody knows exactly what we are doing or why.

After further discussion, the vote was put that we rescind the motion that action be taken toward securing a national charter. The motion was carried by a rising vote.

Miss Robinson then moved that we incorporate under the District of Columbia. This was carried by a rising vote.

REPORT OF THE TRANSPORTATION COMMITTEE

Very early in the season an itinerary was prepared by the Frank Tourist Company of New York which was accepted by the Executive Board at its January meeting. In addition to this the Committee has forwarded to the Frank Tourist Company the names and addresses of the secretaries of the state associations of graduate nurses of the state in which they reside and of the different alumnae affiliated with the American Nurses' Association and to all possible interested parties in the vicinity in which the members have lived. In a recent letter from the Frank Tourist Company they express satisfaction at the reservations already made for the tour. Many inquiries have come for special reservations by people who are not planning to give the time necessary to make this trip on the schedule time. In January an addition was made to the Transportation Committee of the name of Elizabeth Lobb, chairman of the local transportation committee in Philadelphia. Your chairman wishes to express her deep appreciation of the splendid interest and coöperation of members of the committee and hopes that in as far as possible members of the Association will be pleased with the work of the committee.

ADELAIDE MARY WALSH, *Chairman*.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

First I will take this occasion to thank the American Nurses' Association for the very splendid contribution it has made to the development of this Fund. I suppose the larger proportion of the amount now available has come from members of this Association. The Fund now amounts to something over \$26,000, and the income, which is about \$1200 a year, is now available for scholarships.

The plan of the committee originally was to specify a definite sum, and if that plan is adhered to we shall in the future be able to give six scholarships a year instead of three. During the past five years there have been sixteen nurses, divided among the different fields of public health, training school administration and teaching, who have secured scholarships and have come through the Teachers' College or the Simmons College and the visiting school work in Boston. During the past year there was quite a large increase in the number of inquiries.

There were thirty-one applications for scholarships. The executive committee of the Fund, which is also the Scholarship Committee, considered the applications individually and then, in conference, we yesterday selected five who will have scholarships for the coming year. I will have to state that twenty-eight of the candidates applied for admission to Teachers' College. In the future this will not be the case. Desirous as we are of having many candidates for admission to our school, it is not at all desired that this should be the only place in which the kind of work which we are trying to do is developed, and no body of people could stand more anxiously watching good opportunities for graduate work if they develop in other parts of the country, than we. We like to feel that in the different states, in the different cities, such opportunities as we have been able to offer graduate nurses will start others, that they will be started by proper endowment, that they will be properly guided, and that the useful work this endowment has been able to do for nurses will be repeated from one end of this country to another, and that in future years applicants will apply just as freely for other places as they do now for Teachers' College, which is, of course, the oldest and, in a sense, rather a matter of post-graduate work.

The applicants came from all over the country, the far west is always well represented. It has been the intention of the committee to publish a small history of the fund, giving the names of the candidates who had held the scholarships and showing what they are now doing in the field, because, of course, a great deal should be expected of an Isabel Hampton Robb scholar, and scholarships should not be given and are not given purely to aid students who cannot otherwise hope to secure advanced education, but should be given always for women of exceptionally good ability, whose work in the outside field will tell later on.

M. A. NUTTING, *Chairman.*

The secretary then read the list of successful applicants as follows: Theresa I. Richmond, Massachusetts; Evelyn I. V. Howard, New York; Chloe M. Stewart, Iowa; Olive I. Thompson, Maryland; Daisy E. Perrine, Ohio. *Alternates:* Mary G. Fraser, Ohio; Pauline H. Atwater, Illinois; Grace L. Reid, Ohio; Virginia R. Clendenin, Maryland; Irene R. English, Minnesota; Ruth L. Bowen, Ohio.

REPORT OF THE COMMITTEE ON LABOR LEGISLATION

By a clause in the new Immigration Law we have been able to change the Federal classification of nurses as contract laborers to that of professional women, the clause reading:

Provided further that the provisions of this law applicable to contract labor shall not be held to exclude professional actors, artists, lecturers, singers, nurses, ministers of any religious denomination, professors for colleges or seminaries, persons belonging to any recognized learned profession or persons employed as domestic servants.

HELEN P. CRISWELL, *Chairman*.

Miss Daspit moved that a message be sent Dr. Criswell expressing gratitude to her for so quietly and rapidly procuring something for which others had striven unsuccessfully for some time. The motion was carried.

REPORT OF THE COMMITTEE ON HEALTH INSURANCE

The Committee on Health Insurance appointed last year consisted of Florence M. Johnson for the National League of Nursing Education, Mary Beard for the National Organization for Public Health Nursing, and Martha M. Russell for the American Nurses' Association. In March the committee was enlarged by the addition of the following members: Adda Eldredge, Sally Johnson, Katharine Tucker, Mary Gardner, and Marietta B. Squire. As the American Association for Labor Legislation is responsible for the introduction of bills for health insurance in the legislatures of the different states, it has been the business of your committee to study their tentative bill and to keep in touch with their progress so as to cooperate with them to make the nursing care, suggested as one of their benefits, an efficient service. (These social workers believe that compulsory health insurance is the next step to be taken in developing a system whereby the community shall share the burdens of injury, illness, invalidity, and unemployment, rather than leave them saddled on the individual.) Bills similar to the tentative draft of the American Association for Labor Legislation were introduced in about thirty legislatures last winter, and although none were passed, in at least three states, Massachusetts, California and Ohio, commissions have been appointed to study the problem and report regarding the advisability of incorporating such legislation in the statutes. Since making war has become the serious and absorbing duty of our citizens, legislation on the subject will doubtless be delayed, but it will come up again for consideration and will probably be enacted into law in some states within a few years, so it behooves us to study the questions involved. The fact that this tentative bill specifies nursing care as one of the benefits under the Health Insurance Act opens a great opportunity to our profession. In none of the European countries where health insurance is in force

is there any systematic development of a nursing benefit, so we have an opportunity to do pioneer work. It is also true that in no other country is our profession so efficiently organized as it is here. The opportunity for instruction, for actual nursing, for coöperation in a great movement for social relief is offered to us. Those who have offered it believe in our ability to serve, and it is our responsibility as an association of nurses who have undertaken to establish and uphold nursing standards to accept the challenge and to work out the problem to the benefit of the sick, and of our profession. When actual bills are being prepared for presentation to the legislature, various interests will exert pressure for recognition, and, therefore, we recommend that in each state some committee of nurses be charged with the duty of watching the proper wording of the bill regarding the provisions of nursing benefits. The bill in each state should mention the actual name of the state nurses' association as being the responsible body to appoint the advisory council to be consulted on all nursing matters. After the law is passed we must follow up our work by arranging for adequate representation of nurses on local boards of administration and arbitration. Financial considerations will require that the home nursing of the beneficiaries be done by visiting nurses, and an effort should be made to utilize the existing visiting nurses' associations in every feasible way toward solving the new problems. Visiting nurses must be prepared to suggest a standard of nursing care that will prove a boon to the patients, an aid to the doctors, and a credit to our profession. Just how much of the nursing of these beneficiaries should be done in the home, and how much of it should be done in the hospitals and dispensaries, is not entirely a nursing problem, but we should approach our share of it in a spirit of open-minded coöperation so that the best interests of the patients, the physicians, the medical institutions and the "Insurance Fund" may all be conserved. In response to a questionnaire, letters have been received from several nurses who are connected with visiting nursing organizations and who are interested in health insurance, and one thing which they all emphasize is the present necessity for investigation, discussion, and consideration of every phase of the subject. Two-thirds of these replies specify that the nursing should be under the direct supervision of registered nurses, even though they employ attendants when continuous care is indicated. Half of these letters speak of the importance of prenatal care for maternity cases, of the need for the presence of a nurse at the delivery, and of careful after-nursing. The opportunities for instructive work in hygiene, child welfare, and housing conditions were all mentioned. The experience of the Metro-

politan Life Insurance Company's nursing service was several times quoted as being of value, both because of what it gives and what it does not give. As the law provides that all persons earning less than \$100 per month shall be beneficiaries, it is probable that a large proportion of nurses would thereby be relieved of anxiety regarding their financial condition in case of illness. There seem to be difficulties about adjustment and collection, but there will doubtless be difficulties in other occupations and each commission will have to make rulings regarding its cases, so it remains for us to watch this matter. The three recommendations which your committee now wishes to make to the associations are:

1. That the nurses in each state keep a close watch on health insurance legislation in order that no unfortunate wording of the law may interfere with the nursing of the beneficiaries.

2. That all visiting nursing associations make a study of the conditions in their vicinity and be ready to suggest standards suited to the needs of the community.

3. That all nurses study the subject and hold themselves ready to coöperate in adapting existing establishments for the care of the sick to the conditions created by a compulsory health insurance law, or to help create such new institutions as may be required.

MARTHA M. RUSSELL, *Chairman.*

REPORT OF THE CENTRAL BUREAU OF LEGISLATION AND INFORMATION

Inasmuch as we have had no definite piece of work this year, there has been no committee meeting, and in such instances as I have received letters, the answers of which I could not give definitely, I have referred them to some member who perhaps was in touch with the situation. The list of Accredited Schools cost the American Nurses' Association \$192.00. There were nineteen complimentary copies given to the officers of the nursing organizations. There were one hundred and seventy-five copies sold at 50 cents each. \$4.20 received from the edition prior to this one "corrected to March 1, 1916," makes a total of \$91.70 received. Postage to the amount of \$3.88, leaves a balance of \$87.82. There are several hundred of these pamphlets left, and I would make the following recommendations: (1) That the price be reduced to 25 cents. (2.) That if within three months we still have a large number of these lists, we give them to the libraries throughout the country. This will entail some expense as far as postage is concerned. (3.) That we do not publish another pamphlet for

the reason that it apparently is not needed, and that it does not warrant the expense attached to it and the amount of work necessary to bring it up to date.

MARY C. WHEELER, *Chairman.*

Informal reports from the states on reorganization were then given, Tennessee and Texas reporting themselves fully reorganized and ready.

The president then appointed the tellers: Miss Hills, Mrs. Lockwood, Miss Ott, and Miss Patterson; also the committee on resolutions: Miss Van Blarcom, Miss Retta Johnson, Miss Daspit. (Through a misunderstanding, Miss Patterson and Miss Johnson exchanged places on these committees, with the consent of the president.)

Mrs. Twiss moved that Sophia F. Palmer be made an honorary member of the Association. This was carried.

Miss Davis then introduced the following motion which was carried unanimously:

The American Nurses' Association, thirty-five thousand members, in convention assembled at Philadelphia, Pa., April 26 to May 2, heartily endorses war prohibition as suggested by Honorable Eugene M. Foss, of Boston, Massachusetts.

The secretary was instructed to send this resolution to President Wilson in the form of a telegram.

The meeting was then adjourned.

THURSDAY EVENING, APRIL 26, JOINT OPENING SESSION

The meeting was held in the ball room of the hotel, the president of the American Nurses' Association presiding.

The invocation was offered by Rev. Alexander McColl, D.D.

ADDRESS OF WELCOME

By WILMER KRUSEN, M.D.

Director Department of Public Health and Charities

It is a pleasant task which has been assigned to me tonight, to bid you welcome to the City of Brotherly Love; to bid you thrice welcome, first on behalf of the city of Philadelphia officially; secondly on behalf of the nurses of Philadelphia, the members of your own glorious sisterhood; and thirdly on behalf of the medical fraternity of Philadelphia, whom you so loyally and so faithfully serve in the medical profession throughout the United States.

When William Penn sailed up the Delaware River with his little band of chosen followers in 1682, the name of his ship was the *Welcome*. From that day to this we have tried to show a great deal of that, to show a cordial welcome to the stranger within our gates. We are proud of this old city, a slow city it is sometimes considered. We are proud of its great industrial plants, of its locomotive works, of its shipyards, of its steel foundries; we are proud of our great department stores where you may find temptations to spend your money; we are proud of our great educational institutions, such as the University of Pennsylvania, the Drexel Institute, the School of Industrial Art, and many others; we are proud of our hospitals, and training schools for nurses associated with them, which each year train hundreds of women for your noble profession. And we are particularly proud of our historic associations, our historic shrines, Carpenters' Hall; the birthplace of liberty, Independence Hall, in which you will find our most sacred relic, the old Liberty Bell; the old Betsy Ross house, the birthplace of Old Glory which decorates this room tonight.

One thing we are not proud of. We are not proud of our climate. This weather you are having here is nothing new for Philadelphia. In 1682, William Penn wrote Lord North and said that in his new colony the weather was "constant in its inconstancy," but though we have not the climate here that we might wish, you will find, as Bourget said, that we have "samples of weather" in Philadelphia.

My friends, these are serious times, thoughtful times. One of the most important questions which will obtrude itself upon your deliberations will be what part the nurses of America will play in that great wonderful drama, that world tragedy, which is being enacted on the stage of Europe now. As you consider these problems, the medical profession and all of us know that you will give them the earnest consideration which characterizes the thoughtful women of America.

It is not my province to extend to you a lengthy welcome, but though it be short it is warm, it is sincere, it is cordial, and when you leave Philadelphia at the end of the week may you carry to your homes fond memories of the old Quaker Town.

ADDRESS BY SARA E. PARSONS, R.N.

President National League of Nursing Education

It is very pleasant for the League to be back in Philadelphia to talk over our problems old and new; and especially pleasant to be here with the American Nurses' Association and the Public Health Nurses. We hope to work out better plans for the future, and to get the inspi-

10 ref.
TW

ration and encouragement that are necessary if we are to surmount the obstacles that will beset our path on the way to better schools, better nursing and better public service. It is hoped that there are many friends among the laity who are present this evening and are intending to come to our other public meetings, for their coöperation is very necessary if we are to solve our problems satisfactorily.

Philadelphia has been and will continue to be a Mecca for nurses who love their profession and reverence its tradition. Philadelphia, the city of Blockley, the oldest hospital to be used continuously for the care of the sick; the Pennsylvania Hospital, the first in the proper sense of the word, Philadelphia, the city where Alice Fisher did her great work, where Dr. S. Weir Mitchell practiced, taught and wrote, is a city well worth the long journey that some of our delegates have made to be here. We are especially interested to learn something more about the recent adjustment in the training school of Blockley, made to meet modern demands of nurse education, also the important developments in the nursing of psychopathic patients at the Pennsylvania Hospital. It may not be generally known, but a wonderful work is going on there. The Philadelphia League of Nursing Education and the Private Nurses' League have set an example to the rest of the country that we shall study with profit.

When we last met in Philadelphia, ten years ago, we discussed The Demand and Supply of Students in Nurse Training Schools, The Physical Effects of the Three Years' Course, Ways and Means of Raising an Endowment Fund for a Chair of Hospital Economics, Provisions Already Existing for the Care of the Sick of Moderate Means, and What we are Overlooking of Fundamental Importance in the Training of the Modern Nurse. It is interesting to compare the problems of today with those that engaged our attention then. Since that time, we have seen that schools that offer a professional education worth while have little difficulty in securing desirable candidates. We have found that the physical effect of a three years' course is satisfactory if the hours of duty are reasonable and living conditions good. Mrs. Helen Hartley Jenkins, in response to a suggestion given by Lillian Wald, splendidly settled the question of an endowment for the chair of Hospital Economics.

There have been several encouraging improvements, largely due to our department of Nursing and Health, which grew out of the earlier chair of Hospital Economics. A number of schools now have university affiliations. Many more schools have an eight hour system, preliminary courses, and paid instructors have increased enormously. Many more highly educated women are taking up the work and, best

of all, the demand for nurses to fill important positions is increasing constantly.

Dating from our first American schools, our profession is forty-four years old. It gives us pause in these dark times to recall that we owe gratitude for its inception to England, and through England to Germany. Our service has evolved from a religious offering and penance for sin, to an independent, congenial occupation, taken up frankly as a means of livelihood in most instances, and followed joyfully and devotedly into the diversified activities that serve public welfare. Through forty-four years of experience, of trial, of failure and success, we have been learning wherein lie the weakness and strength of our work. Step by step, from Pastor Fleidner's school in Kaiserswerth, to the Nightingale School in London, to Sister Helen and the School at Bellevue in New York; to Isabel Hampton at Johns Hopkins in Baltimore, to the fateful meeting in Chicago at the World's Fair, when the first steps were taken to organize the American Society of Superintendents of Training Schools for Nurses, we trace our educational evolution.

If ever there was a profession that was a natural expression of a tendency born with most women to give love and service to the weak and suffering, it is nursing. If ever there was a profession that is acknowledged to be eminently suitable for women it is nursing. If ever there was a profession called into existence by the real needs of humanity, it is nursing. If ever there was a profession exalted by noble leadership, personifying spirituality, intellect and culture, all exemplified in a superlative degree by Florence Nightingale, it is nursing. No one will dispute these statements, yet it is true that if ever a profession had to contend with misunderstanding, misrepresentation, antagonism, and exploitation, it is nursing. We are still without universally recognized educational standards; without compulsory registration and protection for the word nurse; and without endowments for our schools. We older nurses have learned by experience that to do our work well in the world, our schools must have a sound educational policy; in our endeavors to establish a sound educational policy we have learned that the schools must be put on a sound economic basis. Both practice and theory must be taught by well-paid, properly qualified instructors, the practice must be varied and definite, and we know that any method of training is wrong that excludes any of the major departments of medicine or that deprives the students of expert instruction and critical supervision. Any environment is contraindicated for our nurses that contradicts the teaching of hygiene, sanitation and ethics; that unduly exhausts their vitality or that discourages initiative and does not stimulate enjoyment and enthusiasm for their work.

At the last Philadelphia convention, medical social service was in its infancy and was mentioned as a new department at the Massachusetts General Hospital. That branch has grown so important that it clamors for special medical education. Nurses following branches of work devoted in a direct way to health conditions in communities (exclusive of private nursing, executive and teaching branches), feel their educational needs so keenly that they knock at the doors of the League with demands for special consideration in our curriculum.

With the multiplication of state boards of nurse examiners, their problems have developed and are coming up for discussion; the nurse being a migratory creature, she needs, much more than the physician, an adaptable system controlling her activities. The present disparity between the standards for examination and registration in different states is illogical and makes for all sorts of difficulties. We should have a national board of nurse examiners and compulsory laws for nurse registration, and laws that standardize our schools. When that is accomplished, the way will be paved for training schools for attendants, which are much needed. There is room for two grades of workers in the care of the sick; both are important, both need education, but danger lies in the confusion that prevails today in the minds of the public concerning attendants and what should be expected of them in comparison with nurses. At this stage in our development, our great work is to persuade the public that the education of nurses is a serious business and some wiser and more experienced people than I, believe that nursing schools will never be what they should be until the management of the schools is separated from the hospital management. This is because the natural tendency of the hospital is to subordinate the interest of the school to economic interests. Indeed, the slogan has always been that the patient's interests must come first and this sentiment has often obscured the fact that when the interests of the student must have been sacrificed to the immediate needs of the patient, the patient has ultimately been the one to pay for that sacrifice. If the trustees of our hospitals can accept the full responsibility of maintaining a school for nurses and take the interest of the school into consideration when developing other departments of the hospital, it seems to me an adjustment can be made which will harmonize the interests of hospital and school. That experienced educators must be taken on to the training school committees and have representation on the board of trustees, if this adjustment is to be made, appears to me inevitable.

The east has led in nursing education in the past, it looks now as if the conservative east were to receive a much-needed lesson from

the middle and far western portions of the country. The state universities of the middle west are recognizing the duties of the state to this branch of education. The legislature of California has done for student nurses what the conscience of those who controlled nursing schools would not do, and the student nurses now have a forty-eight hour week. The public schools of the state are now providing the preliminary education for their pupils who desire to be nurses. The state will surely reap the benefit of its new policy in more and better applicants for their schools, better nursing in their hospitals, homes and communities. Nurses in the east do not want the state to compel a forty-eight hour law for students, but they do earnestly desire compulsion through public opinion. The individual citizen would think forty-eight hours of hospital duty in addition to class and study periods quite sufficient for his own daughters, if he thought in that line, instead of thinking of this work as an occupation that concerns the daughters of other people.

Our greatest need at the present time is the intelligent coöperation of the general public. We must impress upon them that we are not ready-made as to education. We must have endowments for our private nursing schools, and city or state appropriations for the public nursing schools. We must not delay too long a recognition of the problem involved in training men nurses adequately. When one considers that during the past year there were 756 calls for men nurses at one directory in one city alone, an idea is conveyed of the need in this direction. Some of us feel that we need to do more for our colored nurses, helping them to achieve the best preparation for their work. We concede that we need trained attendants. We must seek methods of developing talents of leadership in our student nurses. We must not rest until the exploitation of the student nurse for private gain or in the name of charity ceases. We need not fear the lack of legitimate opportunities for self-denial or self-discipline for our student nurses, even under the most perfect system we can evolve. The very nature of the work demands constant sacrifices. Every nurse has the opportunity, if she will use it, to educate the public as to its share of responsibility toward nursing schools.

Florence Nightingale said that "Nursing is an art and the essence of success is artistic training." Nursing must be actuated by the professional motive, and the professional motive is the desire and perpetual effort to do the thing as well as it can be done, which exists just as much in the nurse as in the astronomer in search of a new star or in the artist completing a picture.

ADDRESS BY MARY BEARD, R.N.

President National Organization for Public Health Nursing

As public health nurses, we are proud to be a part of the great group of professional women who have come here today. We come as professional nurses to join with all other professional nurses in a renewal of our pledge of allegiance to the cause of nursing as Florence Nightingale first saw it and made it a reality, as Isabel Hampton Robb grasped its significance and established it in our own country.

To be a health nurse, a community nurse, a social nurse, has involved us in so many interests, has implied a knowledge of so many general subjects, that we sometimes feel farther away from institutional and private duty nurses than we like. We need the stimulation that comes from that broadening process of listening to the achievements of other than public health nurses, and we hope for the salutary experience of a realization that we are very, very young as an organized branch of nursing and that being very young we are also very dependent upon the older organizations. Many times our branch of the nursing profession calls us to be representative, not so much of our profession of nursing, but more of the various broad and general subjects with which any public health officer must concern himself.

Conventions of tuberculosis workers, of infant welfare experts, of educators, of mental hygienists demand our interest and our effort. And after the conventions concerning abstract subjects, such as those that require the public health nurse as a representative worker, comes a procession of other claims upon her time of attendance at meetings: meetings of social workers require her, public health officers need her, and she often fears that the fate of the jack of all trades may overtake her in her eagerness to meet them all. So it is with solid satisfaction that we come to be taken back to the beginning of it all, for without our nurse's education, we should cease to be.

It is our fifth birthday, and never before have we so needed the help of the other nursing bodies as we do today. Never has the need for public health nurses been so pressing. Never has the opportunity been so great. We need women, young women from the graduating classes, older women from the ranks of private duty nurses, nurses who are teachers for our departments of public health nursing. The demand is very insistent and can be met only by a far more general knowledge of its existence, and a more complete understanding of its opportunities.

From three starting points we are drawn close to the American Nurses' Association and to the League for Nursing Education. We

need nurses; we need specially prepared nurses and therefore, special nurse teachers; and we need the help of the school for nursing in making its course, so far as possible, adaptable to the requirements of the young woman whose purpose in going into the profession at all, is to become a public health or social nurse.

We are to try the experiment this coming week of holding combined meetings, the Programme Committee has worked hard to have each subject presented from three angles of approach, and so to bring closer together the interests of the three nursing bodies. However interesting the matter of the meetings may be, they will give us but little of the inspiration we seek, if they do not bring us the sense of union with one another in our common profession. The names that have inspired us all are the names of those women who have put our profession where it stands today, and made its youngest daughter, the National Organization for Public Health Nursing, able to take her part in the old struggle for health, carried on under new conditions and with new partners.

I have said "with new partners" because the National Organization for Public Health Nursing is, as its name indicates, an Organization not "of nurses" but "for nursing." The American women who, in the past thirty years, have done the most valuable work to make public health nursing the great force for social reform that it is today, are not all professional nurses. This is far from being the case, for in most of our historic old visiting nurse associations, the boards of managers have been and are, lay women, and with them has originated the scheme of work and the line of development followed. The notable exception to this rule is, of course, New York and the Henry Street Settlement, but then, our Honorary President, Miss Wald, is herself a notable exception to most rules.

There is great need, an equal need, for the lay member of the National Organization for Public Health Nursing, with the need for the professional members. As the newer forms of health nursing appear, we are more and more convinced of this. Industrial nursing cannot find its proper channel for growth unless the industrial leaders who value it, fully understand and thoroughly appreciate professional standards. Such an understanding is most readily reached through the medium of a central organization such as this. If our friend, Dr. Lee K. Frankel of the Metropolitan Life Insurance Company, will pardon the personal allusion, I should like to point out that he is today a member of our Advisory Council, whose judgment we seek and value. And yet, I recall, five years ago at our first annual meeting in Atlantic City, how afraid of him we were, because in those early

days, the National Organization had not yet interpreted our professional standards to him nor his professional needs to us. The National Organization is valuable chiefly as an interpreter, and public health nursing must be community nursing in its broadest sense or it fails in its educational opportunity. The active representative local committee is a feature necessary to the success of public health nursing anywhere. Given the community committee alive to health needs, and the right public health nurse, success is assured.

The present needs of our country put the nursing profession into unusual prominence, and present to us all as nurses, very unusual opportunities for service.

To serve our country wisely and to the full extent of our ability, is our great desire. And here the public health nurse will find a different duty before her than that confronting other nurses, for the great opportunity and responsibility of public health nurses in this crisis, must be the homes of their patients. Family health work is more needed under such a strain than ever before. Visiting housekeepers will be needed now more than ever before to teach food values and food buying and preparation. Women will be thrust into industry; men will be taken from their homes; incomes too low at best, will be reduced. The appeal comes to us from health officers and is echoed in our own consciences, public health nurses must stay where they are; we must stand by our own work, and we must redouble our efforts to do it intelligently and faithfully.

I was a guest at a nurses' alumnae meeting at a great City Hospital not long ago. All through our pleasant evening there was a sense of impending change, of expectancy of some new thing. A telegram was brought to our hostess, who is superintendent of nurses in this great institution. With the arrival of the telegram we realized what this expectancy meant, at any moment the nurses holding executive institutional positions may be called upon to leave accustomed places and go to direct army hospitals. A moment's thought brings a recollection of some letter from the European battle front, and we are hushed and silent in face of the prospect immediately before our profession. War will mean the service of many nurses besides the superintendents. Hundreds of young graduates strong and fresh from a modern surgical training, will respond to the call of the Red Cross to man the wards of field hospitals.

And there is another appeal, more and more insistent as we stop and listen to it. What is to become of the homes from which the soldiers go? Dr. Herman Biggs, just home from France, tells us of 500,000 tuberculosis patients returned to their home towns as a direct

result of trench life. Hours of industry, women's work, prenatal care, a lowered family budget, safety in industrial plants, all the usual responsibilities of public health nurses will be heightened and intensified by every abnormal condition of the times.

On the public health nursing branch of the profession a great obligation is resting. (Public health nurses must stick to their every-day work and do it better and with a more single-minded intensity than ever before.) Whether we are called to nurse soldiers, to organize nursing units, or to stay conscientiously in our own districts, one thought will be common to us all, we are proud to be nurses in these great days of sacrifice.

ADDRESS BY ANNIE W. GOODRICH, R.N.

President of the American Nurses' Association

Friends and fellow members of the three national organizations, it is my great pleasure, as president of the American Nurses' Association, to extend you again a greeting. As I realize that our parent association, the National League of Nursing Education, is rapidly approaching its twenty-fifth anniversary, I realize also that I have lived a half century and have not only reached but, passed the quarter of a century milestone of my life as a nurse. (To grow old is to be able to look back, to look back is to be able to look forward with renewed hope and inspiration.) Therefore, by virtue of my long journey, I beg that you will permit me to indulge in brief retrospection.

I am not going to inflict upon you a history of the progress and growth of the nursing profession. That you can find eruditely set forth in the *History of Nursing* by our great leaders, Nutting and Dock. I am not going to dwell upon our rapidly broadening educational opportunities through our university affiliations and our graduate courses, nor the advanced fields to which nurses through these opportunities are being called. Nor shall I take these few precious moments to review even so important a matter as the progress in state legislation. These and many other topics will be ably and amply dealt with in the conferences and meetings of the coming week. I do not propose to present in detail a picture of the innumerable institutions with their ever extending departments, splendid in construction, extensive in equipment, that have come into existence during this period, operating rooms with marble and tiled floors and walls, pathological and X-ray departments, comfortable, even luxurious, provision for private patients, that have attracted all classes of society to these institutions and have wiped out the traditional odium imposed by their classification under the charities, developments that have followed one another

in bewildering succession in institutions for the sick, striving ever to keep in touch with the rapidly progressing needs of the scientists.

I shall not even permit myself to yield to the temptation of comparing the days when fifty percent of the compound fractures, and I am repeating the statement of a prominent surgeon, not only meant a loss of limb, but the loss of life, with the present absence of infection, or of operations then infrequently performed requiring weeks for recovery, now so frequent as to be barely noted and recovery from which is only a matter of a few days.

It would not seem possible that any retrospection should fail to mention the way in which institutions, equipped as they never were before, expanded effectively to receive the little sufferers of the great epidemic that swept over our cities last year, or to enlarge upon the sense of social responsibility, illustrated by the great philanthropic and municipal organizations that established at once after-care that will reduce the crippling to a minimum.

It would be impossible certainly not to linger for a moment to recall the fact that it is within this short period that the Red Cross Nursing Service in America has been developed and established, and through such development stands today with an army of qualified nurses prepared to answer the all too imminent call of the country. But to that notable and humane development, for which we must be deeply grateful at this time, an evening later will be devoted, and others better qualified than I will set it forth.

Not, I say, upon all these wonderful and rapid developments of medical and nursing science does my retrospection rest, but rather upon, may we say, their cumulative interest into one great, splendid, outstanding result, namely, that evils that for centuries have demanded a heavy toll in human life, in human suffering, in crippled efficiency, and the expenditure of vast sums of money, have during this period been unhesitatingly pronounced preventable evils that were even once pronounced the will of God, to which men must bend an acquiescent head; and that their prevention demands in no small measure the co-operation of that humble tool, the common man.

Says Lowell, writing of democracy:

Formerly the immense majority of men—our brothers—knew only their sufferings, their wants and their desires. They are beginning now to know their opportunity and their power. All persons who see deeper than their plates are rather inclined to thank God for it than to bewail it, for the sores of Lazarus have a poison in them against which Dives has no antidote.¹

¹ "Democracy," inaugural address by James Russell Lowell on assuming the presidency of the Birmingham and Midland Institute, Birmingham, England, October 6, 1884.

And again he says:

Democracy in its best sense is merely the letting in of light and air.

As in retrospection I turn from one evil-removing, health-restoring achievement to another, the list is long, beginning with smallpox just before my day, diphtheria, tuberculosis, typhoid, malaria, yellow fever, typhus, syphilis, infant mortality, insanity and crime, and compare the statements of authorities concerning them, the words of that most representative American, "Democracy in its best sense is merely the letting in of light and air," seem to attach themselves to each statement like a refrain.

Let me present a few concrete illustrations, clothed not alone for the sake of brevity in the words of accepted authorities. Concerning tuberculosis, that disease which Hippocrates 400 years before Christ pronounced the most fatal to man, Dr. Biggs writes recently:

Experimental investigations have shown clearly enough that the tubercle bacillus, the only necessary factor in the production of tuberculosis, is readily destroyed by sunlight, or even diffused daylight, and in this, as in all other communicable diseases, the danger of infection is largely diminished by thorough ventilation, because of its influence in diluting the infectious material.²

No fiction could ever be more thrilling than Dr. Gorgas' narration of the application of Walter Reed's discovery, that not only made possible the greatest engineering feat of the ages, but also made life in the tropics possible for the white man.

The Canal Zone, for the past four hundred years, ever since it has been known by the white man, has been one of the most unhealthy spots in all the tropical world, and this fact has been generally known and recognized by all nations which have had any commercial importance. No doubt the great centers of civilization will remain for centuries much as they are at present, but in the course of ages (they) will move to where a given amount of labor will produce the largest amount of food. . . . I believe that the peoples of that day will look back upon the sanitary work done at the Canal Zone as the first great demonstration that the white man could live as well in the tropics as in the temperate zone. I am inclined to think that at this time the sanitary phase of the work will be considered more important than the actual construction of the Canal itself, as important to the world as this great waterway now is, and will be for generations to come.³

Not less important to the world is the knowledge that not through hospital care, not through artificially prepared feedings, a heretofore

² "Housing and Tuberculosis," address by Lawrence Veiller at the twelfth annual meeting of the National Association for the Study and Prevention of Tuberculosis.

³ *Sanitation in Panama*, William Crawford Gorgas.

accepted loss of life is rapidly being prevented. Says Julia Lathrop in a plea for the public protection of maternity:

From the beginning of time maternal and infant deaths have been regarded with fatalism. Knowledge that this waste is in the main preventable has been slowly and painfully acquired by the medical profession; it has not yet spread generally to the laity.⁴

Although the victims of mental disease still may be found in prison cells, their freedom in the near future is assured, for here we find again accepted this new doctrine of prevention. In the foreword of the new magazine, *Mental Hygiene*, the writer says:

The recognition of preventable causes of mental disease and mental deficiency challenges us to win in the field of mental hygiene victories comparable to those won in general hygiene and modern sanitation. New ideals in the care and treatment of persons suffering from mental disorders impose new obligations which are being met by the professions most intimately concerned and by the public authorities who must provide the needed resources and facilities. The widespread determination to control feeble-mindedness, so that this preventable evil will not shadow new generations as it has our own, presents problems of medicine, law, education and statesmanship which, for the good of the race, are being vigorously attacked. . . . The failure to deal successfully with crime by methods which have been given centuries of trial has brought into existence a new criminology and a new penology of which the central feature is the study and re-establishment of the individual delinquent—essentially a problem in mental hygiene.⁵

The last, and shall we say the most marvelous message of all, comes from the criminologists and penologists. Long as the quotation is, I cannot forbear to present it. Writing of present day prison reforms, Mr. Lewis says:

For a hundred years our people have been dully conscious that prisons have existed among us, with their mysteries, their probable cruelties, their horrors of oblivion, and their stigma. The recent release of our people from this persistent consciousness of "something fearfully wrong but something that can't be helped" has been a striking psychological phenomenon, and is explained in its great present force only as one appreciates the dull social ache which society has felt in connection with prisons for over a century. In short, the effect upon the nation has been analogous to that following the discovery that the great white plague of tuberculosis was curable and preventable. So long as an evil is certain and the cure unknown, only the specialists can easily bring themselves to its contemplation. Cancer is today still a socially terrible fact, because its cure is not yet discovered. The prisons have been socially terrible facts, but

⁴ "Public Protection of Maternity," Julia Lathrop, *The American Labor Legislation Review*, March, 1917.

⁵ *Mental Hygiene*, January, 1917.

society now believes that their cure has been at least partially discovered, and so society reacts with joy to the suggestions and stimuli of the "new Freedom."⁶

And Mr. Lewis then goes on to enumerate changes that have been made by various wardens, dwelling finally on those effected by one who has come here to speak to us tonight.

The fundamental change effected by Warden Osborne has been in converting the old system of firm autocratic administration by the warden, through his subordinates, into a seething democracy, with responsibilities never before heard of, vested in the prisoners themselves.

Of this great and daring experiment we are privileged to hear from Mr. Osborne himself.

There is still one great evil that we have not mastered. It spells the maximum of waste, agony, and ruin. For two years it has held the old world in its clutches; today we are its victims. There are those who still believe war inevitable as long as men are men. There are others who see in this war the triumph of a great cause, and they will go forth gladly to make the greatest sacrifice that can be made. There are others, and I am among them, who believe that no more than can the knife prevent cancer, can war prevent war. Again the words of that great statesman ring in my ears:

In the scales of the destinies brawn will never weigh so much as brain. Our healing is not in the storm or in the whirlwind, it is not in monarchies, or aristocracies, or democracies, but will be revealed by the still small voice that speaks to the conscience and the heart, prompting us to a wider and wiser humanity.⁷

This is not the time for any nurse to falter. The splendid army of Red Cross nurses that seems so adequate today, a terrible need tomorrow may reduce to insignificance. Fewer than ever will be the messengers of health, too few at best, who go from door to door of the long street, their skillful hands and needed services securing eager admission and a readier ear for the message of the health-giving properties of light and air. Not less faithfully, not less courageously, even more strenuously than those who see in this step of their country the triumph of their cause, must those proceed who see their cause deferred by many years. No cause worthy to be a cause can ever die.

Says Royce writing of loyalty, and with this last quotation I am done,

⁶ *The New Day in Prison Reform* (1915), pages 53, 54, seventy-first Annual Report of the Prison Association of New York.

⁷ "Democracy," James Russell Lowell.

When a cause is lost, . . . when a cause is lost in the visible world, and when, nevertheless, it survives in the hearts of its faithful followers, one sees more clearly than ever that its appeal is no longer to be fully met by any possible present deed. Whatever one can just now do for the cause is thus indeed seen to be inadequate. All the more, in consequence, does this cause demand that its followers should plan and work for the far-off future, for whole ages and aeons of time; should prepare the way for their Lord, the cause, and make his paths straight. Activity becomes thus all the more strenuous, just because its consequences are viewed as so far-reaching and stupendous. Man's extremity is loyalty's opportunity. The present may seem dark. All the greater the work yet to be done. The distant future must be conquered. How vast the undertaking, how vast, but therefore how inspiring.*

HEALTH CONDITIONS IN PRISONS¹

By THOMAS MOTT OSBORNE

Perhaps some of you may wonder why in a national gathering of this sort so distinguished a position should be accorded to the prisons. I can only say that probably you have understood, or so the words of Miss Goodrich would indicate, more clearly than the average person the relation of the prison to the rest of society. It is true that we can none of us escape from the influence of prisons. Look at it in regard to the question of health. At one time while talking to a number of prisoners in the Auburn Prison, one of them turned to me and said, "Do people outside realize at all how the diseases we acquire in prison are spread through society? We are shut up here in these cells where a large number of men are certain to get tuberculosis; no care is taken to prevent the spread of other diseases, and then we go out and associate with people outside who sent us here, and we spread those diseases through the community, and *that is our revenge.*" Now it is true that not only do the physical diseases of prison get spread through society by those who come out, but diseases of other kinds, of which I will speak later, are also spread from the prisons. There is no manufactory of crime so busy, day and night, as the State Prison.

My subject is Health Conditions in Prisons. If it had been set down as 'Disease Conditions in Prisons' it would be more natural, because as a matter of fact, health conditions in prisons are usually conspicuous by their absence.

Last August I visited the State Prison of New Jersey, in the city of Trenton. As we were going through one of the cell blocks, the warden turned to me and asked some question about the practicability of putting in shower baths there. I said, "Have you not a bath-

* *The Philosophy of Loyalty*, Josiah Royce.

¹ Somewhat abridged.

house?" "Oh, yes, certainly," he replied, and cheerfully led the way some thirty steps out of one of the buildings to a perfectly good bath house with forty shower baths, better than anything at Sing Sing. "But," he said, "it is closed from the middle of September to the first of July." So for nine and a half months in the year the inhabitants of Trenton went without baths. "What is the reason of this?" I asked. "Well," he said, "the only reason I can find for it is that the doctor thinks they might catch cold."

That was in the state of New Jersey, which along with New York and some other states we may call a semicivilized state I think, and those who have followed the disclosures of the investigating committee which is now investigating Trenton Prison will find that there are other conditions which are just as stupid and far more tragic than that centering round the bath house. For instance, take my own experience. As I sat in one of the cells in Trenton Prison where I had discovered an old acquaintance, I heard a curious noise through the wall at my back, I listened, could not make out what it was, and then at last discovered it was the sound of a chain being dragged back and forth across the floor, forward and back, with all the hideous monotony of a pendulum, and I turned to my friends and said, "What is that?" They told me that in the next cell there was a man who had been chained to the wall for six years. After I had spread the knowledge of that fact as far as I conveniently could in the state of New Jersey, that man, with thirty others, was removed to an insane asylum.

But we in New York are not boasting of our superior morality. Up in Clinton Prison there was a man last August in the isolation building, as they call it, whom I saw, who had been in solitary confinement for eight years. There were twenty-three men in solitary confinement at that time.

I went into the Auburn Prison to see how it would feel to be a convict, and I discovered a condition of things in regard to health and disease which certainly shocked me, particularly when I recognized the fact that I had been living almost within a stone's throw of the prison almost all my life. There was no separation of those affected by tuberculosis from the other prisoners, men with syphilis and all kinds of venereal diseases living and eating with the rest. When I went down to spend the night in the cooler, where we were shut in separate cells in the dark, I was clothed in one of the filthy suits of jail clothing that was kept there, no man knowing what was the condition of the prisoner who had last worn the clothing. I knew and found some satisfaction in the fact that my suit of clothes had been washed,

but I found that was something of an event in the history of the prison. After I had got on my jail clothes I turned to take my handkerchief from the pocket of the prison uniform. The officer snatched it away, saying, "You can't have that." Well, I know you can get along without a handkerchief though the prejudice runs in favor of one. As I went into my cell I thought a good deal about this and wondered what could be the reason for this new imbecility. I knew that it probably had some remote origin somewhere, and thinking it over I hit on what was really the explanation. It seems that two or three years before my experience, a man committed suicide in the cooler by strangling himself with his handkerchief. So after this tragedy, the practical minds—we are always told that the new prison system is theoretical—reasoned this way: a man committed suicide by strangling himself with his handkerchief; therefore, do not remove the cause of suicide but remove the handkerchief. So the handkerchiefs were removed and no one was allowed henceforth to have a handkerchief, not even of the Japanese paper variety. They took away your handkerchief and left you your underclothes. Just think that over a minute. I could have committed suicide with my undershirt that night ten times over; my underdrawers seemed made for the purpose. I presume if I had done it, nobody would have been allowed underclothes.

Now of course that seems idiotic. My friends, the whole prison system is idiotic. Nothing more unspeakable in the history of human indifference, human ignorance, and human brutality is any worse than the conditions in our prisons, so far as concerns health of all kinds.

Yes, health of all kinds: it is not only the matter of physical health that we have to consider in prisons. You know now, far better than I or any layman, how closely connected all parts of our body are. Neither can you separate disease of the body from disease of the mind and the soul. It is an old Latin saying that a healthy body and a healthy mind must go together, and a healthy soul must go with them too. Crime has sometimes been diagnosed as a kind of disease, in fact one enterprising writer on penology has said that crime or criminality is a disease, the existence of which could be determined by the commitment of crime, which is just like saying that diphtheria could be determined by the presence of diphtheretic symptoms.

Of course the great trouble with our treatment of prisons, and the real reason why it has been so hard to get to a real understanding of the prison problem and to a solution of the problem, has been the fact that we have done nothing but theorize about the matter. We have not approached it from a scientific point of view. That is not to be wondered at. The application of science to all matters human has

been of comparatively recent date. Certainly it is not so many years since your own profession has been a profession at all. Now this application of science to the problem of crime is only just beginning.

One of the prisoners in Sing Sing two years ago said to me: "Warden, there are three classes of people whom science has only recently reached. The first class is the sick; it used to be regarded that they were possessed by the devil. Now they are given freedom; it is nursing rather than drugs that restores a man to his natural health. The second class is the insane. It has been found that the way to treat the insane is by giving them freedom, not by shutting them up and binding them with chains as used to be the case. And now it is the turn of the prisoner."

When our prison reform was decided on four years ago, we decided to approach the problem not from the library and the study and by theory, but to see whether we could not gather certain facts before we formed any theories, and in pursuance of these facts I went into the prison. My stay in Auburn Prison was no sensational stunt. It was a sincere effort to get at the facts, by the chairman of the Commission on Prison Reform. That was recognized by the prisoners. I told them some little time before I went into the prison just what the attitude of the Commission was, that we wanted their help, because we thought of all men who might be expected to understand something about the prison, the prisoners were the ones most likely. I believe that was the first time anyone had supposed the prisoners could make any contribution to the question, yet they were the very ones who should be consulted, the very ones who were most affected, and they had studied the problem far longer and more thoroughly than we could ever hope to do, therefore when we were not taking advantage of their experience and their suggestions we were not getting at the subject in really the scientific way.

There must be some reason why these men keep coming back into prison. Two-thirds of the men confined in state prison are those who have been there before. What would you say if two-thirds of the patients in a hospital were those who had been discharged as cured and had been spreading disease? I think the community would ask some questions about the system under which the hospital was run.

The reason is they are not trained for life, they are not cured, because crime, as I look at it, is not a physical disease, the disease of criminality of which the acts of crime are the evidence. Crime, as I look at it, is a moral disease. For physical disease we send people to hospitals, for mental disease we send them to asylums, for moral disease we send them to prisons—and they ought to be sent somewhere.

The sentimentalism that rejoices in keeping a man out of prison when he ought to go there is pernicious. If he committed theft he should go to prison. The reason why we so often feel he ought not to go to prison is a scathing indictment of prisons; it is only because the system is so detestable that when he comes out he is worse than when he goes in.

Take the courts: we are not content to have a court merely pass on the crime the man has committed, but we go back to motives, and the conditions of a man's mind, so we have a scandal that surrounds many cases where the mental condition of the man comes up. The mental condition of the prisoner has no place in the court room. He is a dangerous person to be allowed loose in society, and should be placed away. After he has been placed away is the time to determine whether he is insane or not, because that is part, not of the conviction, but of the rehabilitation, and the failure of our courts, in so far as they fail, is from mixing up the crime and the rehabilitation. If the courts are held to the determination of the act, leaving to some other tribunal for future consideration the question of the return of the criminal to society, you will find your courts cleared of much of the confusion and much of the failure that exists now. The attempt to fit the exact punishment to the exact crime would be a failure even if you could weigh the crime, and you cannot do that.

Compare it to the case of physical disease. What would you think of a hospital where the doctor at his office at the entrance diagnosed every case as it came in, and determined in advance just how long the patient should stay in the hospital? Or what of a hospital where the measles and smallpox and grippe were all together, and where men went out half cured or with a disease they had not had when they went in, and spread it in society. The prison is worse even than a hospital carried on in that way would be, because from the prison comes not only the physical disease; the prison, as I have said, is the very breeding place of crime. Now why is it so? Because in prison you have a system where the individual is never considered, for one thing. Again take the hospital, suppose one man had stomach-ache and you put a mustard-plaster on—and immediately every patient in the hospital had to have a mustard plaster on his stomach, too. (I don't know whether that is modern treatment or not, but suppose you did that.) That is precisely what they do in the prison; because one man is liable to knock another fellow with a piece of pipe they exact the most rigid discipline with everybody. How long could you get along in the hospital if every individual case did not have special treatment? Suppose you gave the same diet to everybody, no matter what the disease, the same treatment to everybody

no matter what the disease, gave everybody a bath at intervals of a certain length—do you think your hospital would last? That is precisely the system in prison. No matter what the condition of the man's body or mind or soul he is put through exactly the same treatment as everybody else.

There is another way to look at it. In order to give each individual his sacred rights, you have to recognize the individual, and what does that mean? It means a recognition of democracy. Democracy, as has been already said, means letting in of light and air. There are no places in this country that need so much light and air as the prisons. Prison atrocities have existed because prison doors were closed and nobody knew what went on behind those doors. When visitors went to Trenton, and some other prisons, they were not allowed to see the real punishment cells, there were shown some others that were not the true punishment cells. It was not till the doors of Sing Sing were thrown wide open to the people of the state of New York that the people really knew what was going on in one of their own state prisons.

Gladstone said many years ago, "It is liberty alone that fits men for liberty." The only way in which you can prepare men for living is to give them life; the only way to prepare them for living in a free community is to put them into a free community. At first it seems as though these men were the last ones to be trusted with freedom, these men who have abused freedom outside, but that is not an excuse for taking away the freedom inside the prison. Nobody proposes to tear down the walls, on the contrary to guard the walls more carefully than ever; but inside the walls, we gave at Sing Sing freedom to the men, freedom of the body, as much as possible. After working hours every man had an hour to an hour and a half to go where he pleased inside the walls.

I am not going to describe the full machinery of the League, because after all the machinery is an incidental part of the matter; the spirit of democracy that we put into the prison in Auburn and later into Sing Sing was the really important thing, to give the men things which really interested them, stimulated their mentality, instead of having them live a drab existence calculated to send any man to an insane asylum, to give them physical liberty to move about and get fresh air instead of trying to see how long we could keep them in the cells, in cells six and a half feet high, seven feet long, and three feet three inches wide, many of them holding two men. When men are shut up in cells fourteen, fifteen, or sixteen hours out of the twenty-four every day of the week and, with the exception of an hour on Sunday for chapel, all day on Sundays and holidays, you can imagine the mental,

physical and moral degeneration that ensues. The prison pallor has been proverbial, but it was only one sign of the condition in which men were turned out, crippled in body, broken in mind, calloused in soul, and told, "Now you are free to go to work."

Free! free! Men coming out of prison,—free? They were in prison worse than when they were inside the walls, and the result was that two-thirds and more went back. I was talking with a man in Sing Sing soon after I got there, and I asked if he had served a previous term. He looked at me sadly and said "Eleven." Who was to blame? the man who came back or we who made the conditions so impossible that he could not stay out. He could not work. The prison pallor was only an indication of the wretched condition of body. He did not want to work. He wanted to see how he could get even. Now we have found out by diligently acquiring facts how the problem can be solved. We have not made theories to order and then tried to make the facts fit. For a whole year in Auburn we were building up the thing step by step, adding one experiment to another and keeping at it when it was successful, and it was successful for this reason, that we trusted the men to make their own suggestions as to what should be done, and the organization of the prisoners by the prisoners for the prisoners was the Mutual Welfare League, and to the League were granted the privileges that were given. We did not single out certain individuals but gave the privileges to the entire community and then said the entire community is responsible and must look to its troublemakers and so we illustrated the old adage of setting a thief to catch a thief. The trouble-makers that we had set aside and put in prison now had to look after their own trouble-makers, and in this way a great many of them first began to grasp their own relation to society. A young gangster was asked "What has the League taught you?" "It has taught me how to argue," was his answer. Do you see the point? He had never stopped to argue before; he just brought his gun into play. For the first time in his life he realized that there was something beside the resort to firearms. He has learned to use his tongue and his mind. If you could have heard the dressing down he gave to some of the men in the yard who wanted to fight it would have done you good. More virtuous sentiments I never heard proceed from human mouth. They learn by doing, as any of us will. So you can kill the soul of a man in prison but you cannot reform him, he has to do the reforming himself; you can produce conditions favorable for each individual to get what he needs, but to do that, the individual must be free, free to get the peculiar medicine that he needs, and not just some medicine that might possibly be good for somebody else.

There is the theory of the Mutual Welfare League, the new system we have tried in Sing Sing and Auburn. It is not a question of theory, it is a question of fact. Any prison system is a good system which produces results, which results in the reform of men who come out from the prison.

There are two ways of looking at the prison question, one way looks at the prison as a place to hold men for a certain length of time so that they will not disturb the community for that time; that is shortsighted. These men come out eventually. Do you know that in 1910, the last available census, there came out of our prisons, jails, reformatories, reform schools, more than 476,000 persons. An army of people as large as any army Napoleon ever led. Is it not worth while finding a system that will have some other result for this army of men than to send them back into crime? The question of whether they are going to go straight when they leave the prison is again a question of fact, purely and simply. Do you know that in the last two years, of the men who belonged to the Mutual Welfare League only fifteen have come back to prison in New York State? That is only three-fourths of one per cent. Now to be fair with you, I must tell you that you must remember that we do not know how many may have gone back into some other state; they are rather migratory, some of them. They did not believe in going straight, they did not believe you and I were going straight but only that we were highly successful crooks who added to our sin, hypocrisy. "Until I met you and your friends I did not believe there was such a thing as an honest man or woman," one of them said.

These men in prison are writing to their pals and begging them to go straight. Self-interest comes into it. If they go straight, these men that go out of prison, then the privileges of the men in prison will be retained and the League will flourish and continue and spread; and the men from outside write back to the men in prison, "Behave yourselves." Why? Self-interest to begin with, because it will all make it easier to get a job outside. The two things work together. And at bottom it is founded on the strongest of human qualities, the love of friends. That is the basis of the criminal class, of the underworld, and if that is so, do you not see how from the prison is coming the redemption of the underworld? Everyone of these fellows that comes out and goes straight is an incentive to the crooks outside, who are not in prison, to go straight.

So we find the application of democracy in the prison brings about not only good order and discipline in the prison such as was never dreamed of before, but that there are hundreds and hundreds of men

coming out and going straight where you could not find a dozen in the old system, and that they are encouraging their friends to go straight after they come out. And just as we have gone into the great war to fight the battle of democracy, so it is incumbent on us during the great war to keep the light of democracy burning not only in the social world outside the prisons but in the prisons themselves.

FRIDAY MORNING SESSION, APRIL 27

Subject: Some Modern Demands on the Graduate Nurse, Elnora Thomson presiding.

THE DEMANDS WHICH MENTAL HYGIENE MAKES
UPON THE GRADUATE NURSE

By JESSIE TAFT, PH.D.

The mental hygiene movement thus far has spent its energy in two general directions. First, the education of the public to a less prejudiced attitude towards mental disease through the publicity work of mental hygiene societies; second, the education of the hospital for the insane to an appreciation of the importance of prevention and to the part played by social service and the readily accessible mental clinic, in the treatment of mental disease. For this work mental hygiene needs the graduate nurse. It cannot go on indefinitely without her and yet nurses as a group have not up to this time taken the part they are equipped to take in this movement. They have been so occupied and absorbed in the overwhelming problems of the field of physical hygiene that they have hardly become aware of the responsibility for mental health which rests upon them with equal obligation. Many individual nurses, it is true, have played an important part in the mental hygiene program, but nursing as a profession has not yet perceived the bearing of this new field upon public health in general. Health is not really being conserved or disease prevented as long as the entire field of mental life with all its possibility for disaster is being ignored.

My purpose this morning is to take up each of the two phases of the mental hygiene movement just mentioned, point out if I can the part which the nurse should be taking in each, and present what seems to me the logical next step in mental hygiene and its even closer connection with the work of the public health nurse.

The publicity phase of the mental hygiene movement has for its chief object raising the level of general intelligence on the subject of

insanity and hospitals for the insane. It is trying to bring about on the part of the general public a more rational attitude toward diseases of the mind, such as already prevails with regard to diseases of the body except among the most ignorant.

Regarding mental disease there is a blank wall of ignorance and prejudice to be overcome which is comparable to nothing in the field of physical hygiene, except perhaps venereal disease. Even the great mass of ordinarily intelligent people recoil from the very idea of insanity as if it were a crime. They tend to postpone any kind of medical treatment as long as possible; they shun the state hospital for the insane as if it were a prison and will take any kind of quack treatment at outrageous prices in something labelled sanitarium rather than accept the best expert attention in an institution which frankly treats mental disorders. The ordinary man has not, as a matter of fact, advanced very far beyond the period of superstition regarding mental diseases. He is barely removed from the concept of insanity as demoniacal possession. You would have to leave the circle of the average intelligent citizen to find a person who still treats physical illness as essentially mysterious, to be cured by something having no relationship to it, such as magic or a charm, but on the mental side, the average citizen is as much a prey to superstition as if he had not been born into a scientific age.

Not many weeks ago I talked with a college man, teacher of Latin and Greek, who had allowed his wife, ill with one of the most serious mental disorders, to experiment with Christian Science. Then he had paid out something like \$100 a week for purely custodial care in a sanatorium. He shrank from the notion of a hospital for the insane as if it were a pest house. His wife, if she recovered, would never forgive him for putting her with insane patients; it would rankle in her mind always.

It is this kind of blind fear and prejudice, even among the otherwise intelligent, that mental hygiene has to break down before mental health and disease can be treated rationally like physical health and disease. The mental specialists are eager to give necessary enlightenment but they are powerless to reach more than the comparatively few with whom they come in direct contact. Without the social worker they have no means of getting at the general public effectively. The social worker is the medium through which the knowledge of the psychiatrist can work its way out into human life, and of all social workers the public health nurse is the most important, because along with her social viewpoint and her general knowledge of the importance of the social situation in her cases, she has the medical background and

the scientific attitude toward disease which needs only to be extended to the field of mental diseases, and above all, because of the great influence which she has over the attitude of the people in her district. The position of the nurse in public confidence is certainly unique. She carries with her an authority which no other worker possesses. She is more responsible than any other class of individuals except the physicians for the place which physical hygiene now holds in our civilization. Once let the public health nurse accept the mental health of the community as a part of her responsibility and equip herself to deal with the mental situation wherever she meets it, the wall of ignorance and prejudice which the specialist throws himself against in vain will soon begin to crumble.

The district nurse has it in her power to influence the family, where there is a case of definite insanity, to send the patient to a hospital where he will receive proper care. She is in a position to see many cases of mental disease in their beginning stages and is the logical person to point out to the family the true nature of the trouble and urge the need of early treatment. She is the one who can spread the knowledge of the mental diseases due to syphilis and alcohol into the farthest nooks and corners of an ignorant foreign neighborhood. If every district's visiting nurse were alert to mental symptoms as she is to physical symptoms she would be able not only to do an immense amount of prevention but actually lift appreciably the weight of ignorance in her particular neighborhood. Is there any good reason why she should not do just this?

With that phase of the mental hygiene movement which has to do with the public hospitals for the insane, I can illustrate best the kind of development that is taking place by telling you what has actually happened in New York. The work in New York began eleven years ago when the State Charities Aid Association formed what was known as an after-care committee. Their idea was to show the hospitals the desirability of paroling patients and the possibility of doing it frequently if some worker became responsible for supervision. This idea grew with the growth of social service and the increasing emphasis of psychiatrists on the need for prevention and early treatment of mental diseases, until finally, four years ago, the present Mental Hygiene Committee of the State Charities Aid Association was born, with the ultimate purpose of showing the hospitals for the insane that their real field is outside the hospital and their greatest work, prevention. In other words, they set about to socialize the state hospital. This involved a demonstration mental clinic, to show what a psychiatrist and a social service worker, working together, could do to keep people

out of hospitals for the insane. The demonstration was so successful and so convincing that today after four years of work, this committee has the satisfaction of seeing its purpose well on the way to fulfilment.

Two years ago there were not more than two or three mental clinics maintained by state hospitals outside their own walls and only an occasional hospital which had a nurse appointed to visit paroled patients. Today, every hospital but one has gone out into its district and established one or two mental clinics where anyone may come to consult a specialist about his mental troubles as easily and inconspicuously as he would consult an ordinary physician. Today not a single hospital is without a social service nurse whose work in the clinic is involving as much general preventive work as it does work with the paroled patients. Twenty-three clinics of this character are now in actual working order, and so great was the existing need, that once people understood about their purpose, many were swamped at their opening sessions. Of course the state hospital social service nurse is overworked, and she is often not sufficiently well-equipped for the job, but at any rate she is there, and in her the value of social service with the mentally ill has been officially recognized. However untrained and unfitted she may be, the fact remains that she is opening a new field of opportunity to the modern graduate nurse. Salaries are already being raised to \$1000 and \$1200 with maintenance. The hospitals are already asking for more workers. The social service nurse for mental case work was formally welcomed at the annual meeting of state hospital superintendents last winter and already the State Hospital Commission is considering the standards of requirement for such work and the possibility of putting the position under civil service.

We probably cannot estimate now the immense importance of this change of policy on the part of the state hospitals, of this determination to step beyond the hospital walls and become a vital part of the community life in their districts. Its ultimate development no one can anticipate, but one thing is clear, that the success of this movement depends to a large extent on the tact, intelligence and social training of the nurse who, in the last analysis, must be the one to make the connection between the clinic and the community. If she is equal to the greatness of her opportunity, there will be no limit to the work which she can do in making the hospital for the insane, once chiefly custodial, an effective instrument in the prevention of mental disease and in the positive increase of mental welfare and efficiency within its district. Will the nursing profession, through the influence of its organized power, help to put into state hospital social service work a type of nurse who is equal to the opportunity?

These two aspects of the mental hygiene movement, the education of the general public and the preventive work of the state hospitals and the mental clinic, valuable and necessary as they are, are nevertheless, as I believe, only the forerunners of the movement. They are attacking from the outside as it were, in an external fashion, the end results of unhygienic mental living as they manifest themselves in adult life.

Mental hygiene, to become an organic part of our social organization, will have to make another approach, an approach which will attempt to modify beginnings rather than endings. Psychiatrists tell us that the morbid tendencies and unhealthy attitudes which lead to badly adjusted lives, even when they do not result in some functional mental disease, must be reached, if we are to have genuine prevention of mental disorders, when they are still in the process of being formed. If this be true, it is the child, not the adult, who offers the most fruitful field for mental hygiene and it is only through the public school system that we shall be able to get at the child effectively. The school, with its hold on child life, is the nucleus, the growing point of our civilization, the center through which most of our social problems are to be attacked. Once let mental hygiene enter into the school system, in the thorough-going way in which physical hygiene has already entered, and its connection with the life of society becomes vital.

This is not such an Utopian idea as one might think at first, nor is it without precedent. We have grown so accustomed to seeing the schools take the responsibility for the physical health of children that we forget it has not always been so. We forget what a revolutionary idea it once was to expect schools to look after eyes, ears, noses, and throats as well as reading, writing and arithmetic. We now accept placidly as a fact the obligation of the school to equip its children with as healthy bodies as possible, but we are startled and skeptical when the perfectly logical next step is taken, requiring the school to be as interested in making minds healthy, as it has been in making bodies healthy. It would be hard to recall a time when a sore throat in the school room had significance chiefly from its effect on the attendance; when it was not recognized as a possible symptom of certain unhygienic conditions demanding attention both for the sake of the child and for the sake of the entire school, rather than as a bare fact, likely to spoil the attendance record of the child or the class for that month. Yet that is just the condition in which certain mental phenomena stand today in the school room. Persistent, unexplained tardiness or truancy, unusual obstinacy, extreme unsociability or shyness, unaccountable failure in class work on the part of a bright child, all of these are recognized it is true, but they are recognized for the most part as

bare facts affecting the discipline, attendance, or scholarship of the class, not as symptoms of a condition in the child's inner life which demands attention. This ignoring of the mental life of the child, except that attenuated intellectual phase of it which is involved in the learning and reciting of lessons, and failing to see any meaning in unusual reactions in school life except their disturbing effect on school routine, is the most discouraging feature of the school situation at the present moment, particularly in our large cities. That it is possible for a child to commit suicide because it fails of promotion, as occurred a year ago in New York City, may be an indication of the neurotic character of that child, but it is equally an indication of the utter failure of the school to understand the kind of child it was dealing with or to attempt to give that child a more reasonable estimate of the value of promotions. The school evidently had not had the slightest comprehension of what failure in school work meant in that child's life, a meaning dependent on an unusual sensitiveness to social approval or disapproval, perhaps to undue pressure at home. But that does not alter the fact that the school failed utterly in helping that child to solve its most vital problems because it had never regarded guiding the instinctive and emotional development of children as part of its duty.

I recall another child who showed a peculiar negative reaction to many commands. Frequently when told to sit down she would persist in standing. She had been known to stand for half an hour rather than obey. This conduct was considered purely a matter for discipline. The child was naughty and obstinate, the problem was how to force her to behave. The teacher was quite aware that she had an unusually difficult child and would have been glad to be of some assistance, but neither she nor the school as a whole had ever learned to approach such a condition from the mental side. They did not see the child's obstinacy as a symptom, and made no effort to find out what meaning it had for the child, what factors in her life were producing such an outward result and how they could be modified.

Conduct as disturbing as marked stubbornness, truancy, violent outbursts of temper, inability to give attention in the school room and the like, is sure to come to the attention of the teacher, even when it is not recognized as a symptom of an underlying unhealthy mental condition, but other more subtle and unobtrusive manifestations usually escape observation entirely, and no attempt whatever is made to deal with them on any plane. Children who suffer from an intense self-consciousness and shyness, who are fearful and apprehensive, who are quite unsocial and do not mix with other children, who show unusual depression, who are dreamy and impractical, or who are apathetic

and passive, with little active interest in anything, are not recognized as problems because they give little or no trouble. They are frequently excellent in school work and are models of good behaviour. They are nevertheless quite as badly adjusted as the more spectacular group and in need of a training which will get at the root of their difficulties and help them to overcome their unhealthy tendencies.

Two objections to the adding of such a tremendous responsibility to the already overworked school system will come at once to mind. You could never be sure that any given child was destined to become insane, and, after all, only a comparatively small proportion of children in each school are likely to develop a mental disease. The homes and outside agencies and physicians ought to assume care of this number.

The plea for mental hygiene in the public schools is based on something broader than what is implied in these two objections. To reject it on the ground that it is too subtle and too exclusive would be like rejecting physical hygiene because it includes specific complicated diseases affecting comparatively few children. Mental hygiene, after all, includes much more than insanity. If you could not be sure that a single child in a given school would ever develop a mental disease, there would nevertheless be the obligation to give each child as healthy a mind as possible. Insanity in its acute form is only one result of an unhealthy mental development. It is the extreme limit and below that limit there are all degrees of mental disturbance existing in thousands of individuals which may never reach the point of being recognized either as mental or as disease, yet these individuals are doomed to suffer all through life; are forced to lead a crippled existence and are the very ones who would have benefited most by assistance in their school days. There is no one of us so well balanced as not to have been benefited by an educational system which considered mental hygiene a part of its duty.

This next step in mental hygiene, which we must take if prevention of mental disease is going to mean anything, cannot be taken without the coöperation of the school nurse. The school nurse and the visiting teacher, who often is a nurse as well, are the ones who will have to pave the way for mental hygiene in the school. It is they who must be alert to see in the difficult child referred to them the mental factors as well as the physical conditions which are at the bottom of his maladjustment. We may succeed in supplying mental clinics to be used by the school, but of what use will that be unless mental difficulties are recognized as such and the child brought to the physician? The mental clinic must depend largely on the school nurse and the visit-

ing teacher for its material. If they are blind to mental symptoms the clinic will fail.

You nurses who have at heart the physical well-being of the world, you who are the guardians of the bodily health of the children, it is for you to realize that the health problem is still unsolved as long as mental health remains unprotected. You who have already so many burdens upon your capable shoulders, will have to take on one more responsibility. We are looking to you as the most effective instrument we have to help make mental hygiene a reality in the school and safeguard the children against mental as well as physical disaster.

THE NURSE AND INFECTIOUS DISEASES

By GEORGE W. GOLER, M.D.

The nurse's training, or so little of it as in part pertains to the care of infectious diseases, has led her to believe—what? Just about the following. If newly-bathed and freshly-dressed she crosses the threshold of the sick-room, where she finds the center of infection, the patient, she adopts a plan of procedure about like this: rugs, window curtains, and all the so-called deadly carriers (?) of infection are removed. The toilet of the patient (and it is to be hoped this includes cleaning the teeth and mouth with brush, swab and dental floss), and the beds are made, the furniture and belongings are wiped off with some favorite smelly disinfectant, a wet sheet is pinned in front of the door, or the door is kept closed; all of the dishes, clothing and toilet utensils of the patient are cared for, and the nurse walks in and out of the room without cleaning or disinfecting her shoes. Why she should clean or disinfect her shoes I do not know, except that she ought to be as unreasoning and antiquated about such a procedure as she is in the unnecessary and superstitious use of disinfectants in which she has indulged in the attempted care of the patient and his surroundings.

While exercising all of this so-called care, she ever and anon puts her fingers in her mouth and puts her hands to her face, though she does not forget to wash her thermometer, nor finally to wash her hands in some favorite "Buncum" disinfecting solution, or to scald the dishes or wipe off the door handles; and never, no never, does she fail to keep that sheet wet with the disinfectant or to keep the door of the room closed, because of that antiquated fear that the large blue bacilli of diphtheria or the scales of scarlet fever will fly out through the doorway and strike the first passer with the deadly disease.

So she proceeds throughout the illness, attempting to disinfect everything, even following the recommendations contained in the quack literature of the manufacturers of disinfectants, whose sole business it is to sell their wares, to get the medical profession and the nurses to act as their unpaid advertising agents, and to make money thereby. Have you ever seen a nurse dressed in the clean white dress, the picture of neatness and propriety, with a little cap perched on the middle of her head, so as to protect that particular part of the head from flying germs, and with a bottle of Flats Florides descending the cellar steps, lifting the cover of the hot-water pan so as, as she thinks, to disinfect the air of the house by putting a little of the 50-cent mixture into the hot-water pan? How the manufacturers of this polite fraud must laugh at the twentieth century superstition in medicine and nursing, which allows such practices to persist.

And then, when the siege is over, the cleaning is bulwarked by disinfection with some of Faker's Formaldehyde. And then, again, when she has bathed and washed her hair, not forgetting the disinfectant, she breathes easier, because she feels that her duty has been well and nobly done, even though she may have forgotten to disinfect her shoes. Of course, it may have been really an error to wear shoes. A thoroughly conscientious and painstaking nurse of the disinfecting order, if she is really consistent, ought not to have worn shoes. She might, of course, discard her shoes every time she stepped without the portals of the sick chamber; but what she really ought to have done, is to renounce shoes and stockings, have a pan of favorite disinfecting solution near by, and disinfect her feet every time she leaves the sick room.

When a nurse leaves a hospital what ideas does she carry with her concerning the management of infectious disease? Until very recently, at least, has not her training been such as to teach her that infectious diseases are air-borne? Hasn't she a hazy kind of a notion that disease comes out of the air and that to protect the patient, herself and those about her from disease, it is only necessary to disinfect the air and the belongings of the patient? Is not this to her the whole marrow of infectious disease nursing as she understands it? Hasn't the nurse seen disinfecting go on in the hospital wards and rooms? Hasn't she seen them disinfect the ambulance with some horrible, smelly stuff? Hasn't that sort of thing been her old, old teaching, a teaching musty with age, hoary with tradition, odoriferous of the time of Defoe and the Plague? She has seen her teachers, physicians and nurses don a gown, decorate the head with a cap; and if she is watchful, she may too have seen the hands of the same teacher carried to his

face, the fingers carried into the mouth, and she sometimes may have seen that same teacher leave the hospital or the patient without washing his hands.

With all this attempted care of the air, the clothing and things about the patient, the nurse wears a gown and cap and, neglecting to keep the hands away from the face, the fingers out of the mouth, how many times has she or has a group of nurses witnessed cases of secondary infection? And when she has seen them, have they not been traceable to "carriers?" With the exercise of ordinary care in cleanliness, it is even difficult to infect susceptibles.

Does the nurse know that of several thousand experiments to determine whether the germs of diphtheria can be found in the sick room where diphtheria exists, only a very small percentage of cultures have shown the presence of organisms in the dust of the floor, on the walls or even on the bedclothes about the patient's bed? It is the hands, the fingers carrying infection from the mouth, anus or urethra that are largely responsible for the carriage of infectious disease. Even the coughing patient is not able to scatter infection beyond arm's-length, for the striking distance of disease is very short.

The nurse has not been taught, or if she has been so taught she does not stop to think, that the parasitic bacteria which cause infectious diseases do not always readily grow outside the body on artificial media, and if they do not thus easily grow, how much more difficult is it for them to grow or even be kept alive on clothing, hangings, etc. or the outside of the body? Things outside the body are, therefore, little dangerous and require cleanliness, not disinfection. They are no more dangerous to the living, even if they be non-immunes, unless they are carried to the mouth by fingers, in the food, or are breathed in from mouth spray coughed up by the patient. For the same reason those dead from infectious diseases are not dangerous unless the body is handled and the organisms are carried to the mouth by the nurse.

Has the nurse in her training or in her later reading or experience fixed, clear ideas of the general principles of infection and protection in the commoner infectious diseases? For instance, does she know that whooping-cough is immediately dangerous to the life of children under one year of age, and that nearly all children can be protected against it, at least for a year or two, by vaccination with pertussis vaccine? Does she know that in whooping-cough the dangers of infection are greatest in the beginning of the disease, and though they may be present even after the whoop ceases, it is the first two or three weeks of the disease when the danger of infection is greatest? But the thing to do for whooping-cough is to keep the child much in the open

air. The open-air treatment of whooping-cough is the best treatment known. Washing the child's hands and face and keeping it free from saliva and vomitus, are the best ways to prevent the extension of the disease. Does she know that measles is most dangerous a few days before and three or four days after the appearance of the rash, and that afterward, unless there is muco-purulent discharge from the throat or ears, measles is rarely infectious after the first few days? Does she know that in scarlet fever the rash is but an expression of the disease? The infectious cause of the disease is chiefly in the throat. The scales of scarlet fever have nothing whatever to do with the dissemination of the disease; but as in measles, throat and ear discharges are responsible for spreading it. Does she know that in diphtheria, where the most susceptible age is between two and five, nearly all new-born babies and most children and adults, fifteen years or over, are immune to diphtheria, because they have circulating in their blood sufficient anti-toxin of their own making to protect them against it? The reason people, chiefly children, get diphtheria, is because they have not enough diphtheria antitoxin in their own bodies to protect them against the disease. To such persons we give diphtheria antitoxin. And here let it be understood that diphtheria antitoxin has no effect upon the germs of the disease. Diphtheria antitoxin is not an antigermicide; it is anti-toxin. It has no effect on the membrane in the throat. It does combine with the toxin or poison excreted by the diphtheria germs, and when given early and in one large and sufficient dose, it prevents the poisonous toxins of the disease from exercising their deadly influence on the body, chiefly on the heart. Given late, and in small doses, it is often of little or no value, because the diphtheria toxins have combined with the tissues. Diphtheria antitoxin can only combine with the free toxin; after the toxin has combined with or become locked in the tissues, diphtheria antitoxin cannot affect it.

The susceptibility of all persons to diphtheria may be tested by what is known as the Schick test. They may be made temporarily immune against the disease by the administration of diphtheria antitoxin, and permanently immune by the injection of toxin-antitoxin mixture. Every nurse who cares for diphtheria owes it to herself, at least, to see that she is tested against diphtheria, and if she is susceptible that she is made immune against the disease. So, too, in typhoid fever, nurses have been attacked by the disease, both because of the dirty habit of putting the fingers in the mouth and also because the nurse has stupidly or foolishly, or both, neglected to be vaccinated against typhoid. Today every patient with typhoid is an example of one who doesn't know enough to avail himself or herself of the modern

practice of protective vaccination against typhoid fever. No patient who today gets typhoid fever should receive compensation or sympathy. To neglect anti-typhoid vaccination today is just as much negligence as going to sea without a compass.

Does the nurse know that pneumonia is an infectious disease? It has been classified into four types by Cole and Dochez of the Rockefeller Institute. For Type 1, causing about one-third of all cases of pneumonia and about one-fourth of all deaths, a new serum has been devised for treatment; but the way to prevent pneumonia is to take care of the general health, to employ a dentist who believes not so much in mechanical dentistry as he does in preserving the teeth; to pay strict attention to the toilet of the mouth, and to wash the hands and keep the fingers out of the mouth.

Does she know that tuberculosis is a social and economic disease rather than a purely medical disease? Large numbers of cases are caused by organisms taken into the body during childhood and released into the lymph streams later in life as a result of a stress or concurrent disease. The same care in cleanliness will serve to prevent tuberculosis, just as it will serve to prevent the other common, infectious diseases; for these infections are carried not by germs on doorknobs, blankets or wall paper, but rather by that reversion to an ancestral characteristic of our ring-tailed ancestors, the nasty habit of putting the fingers into the mouth. For the germs of disease, though numerous, are little things from $\frac{1}{4}$ to $\frac{1}{10000}$ of an inch in length, and from the patient to the observer is a long way for such a little thing to spring. You know the story of Mrs. Casey, who lived in a family proud of its ancestry. Asked what line in Ireland she sprang from, she replied: "In the part of Ireland I come from, we spring from no line, we spring at them." Germs do not spring, they are carried in food and in other ways, on the fingers. I could not help but think of Mrs. Casey when, one recent day, I was not permitted, for even a moment, to enter the operating room of a hospital without a gown because, as the nurse in charge said, "We had so many cases of infection until we got all doctors coming into the room to put on gowns."

The training of the nurse in infectious disease work has been generally so bad that when nurses come to work for us in the Health Bureau, the first thing we do is to try to get them to cast off all the old notions of infectious disease they have gathered from their former teaching. We try to teach our nurses that if they are to successfully handle infectious diseases, they are to rely upon vaccination or immunization or both as a protection for themselves, and to protect their patients against others. They are to learn to wash their hands in

soap and water without any kind of disinfectant, and they have further to learn to wash their hands and keep their fingers out of their mouths. There is no other way in which the nurse may rid herself of that stupid fear of infectious diseases, which is conceived in ignorance, born in superstition and raised in wilful disregard of known scientific facts.

It is so easy to protect people against most infectious diseases! and if it is thus easy and simple, why should not the nurse with perfect safety go from a case of diphtheria to one of erysipelas or from a case of scarlet fever to the lying-in room? Is there any reason why there should be special maternity nurses, post-natal and pre-natal nurses, whooping-cough, measles and scarlet fever nurses, diphtheria, typhoid and tuberculosis nurses; nurses for pneumonia and nurses for small-pox? Why should not the city be districted, in which a public health or visiting nurse is to work, and why, with these facts before us, should not the nurse do the work in her district, whether it be maternity nursing, infectious disease nursing or ordinary bedside nursing of the child or the invalid? If the nurse were only willing to follow the ordinary rules of cleanliness, much of the overlapping complained of with some justice by our critics, would be largely overcome. New York City says we are being "nursed to death," and Pennsylvania says we are being "inspected to death," and there is some justice in these strictures upon our conduct. I recall the story of a merchant who, with a crowded store, was accosted by a friend with the remark: "My! Business must be good!" "Business?" said he in reply, "this aint business, this is the mercantile inspector, the gas inspector, the plumbing inspector, the child-labor nurse, the infectious disease nurse, the tuberculosis visitor, etc., etc."

There are today three general kinds of nurses: health nurses, who do no nursing, but who prevent sickness; bedside nurses in the home and hospital, who do nursing; and industrial nurses, who prevent sickness and accident. We are here interested in the health nurse and the bedside nurse, because they have to do with the visitation and care of infectious diseases. I have already outlined to you a simple plan for the care of infectious diseases. Let me say to you that the basis of this plan is built upon the care and observation of more than 2,000 cases in an infectious disease hospital, where for five years the same nurses have cared for cases of whooping-cough, measles, scarlet fever, diphtheria, gonorrhoea, syphilis, meningitis, poliomyelitis, and these same nurses have frequently had under their care in the same wards, diphtheria, whooping-cough, erysipelas and measles or scarlet fever, and the only precautions against cross-infection have been the wearing

of a separate gown for each disease, washing the hands in soap and water and drying them on a paper towel. No disinfectant of any kind has been used, either on the hands, on the clothes, or about the patient or the wards, and the percentage of cross-infections during this period has been less than 2 per cent.

All this work teaches that, if she is to succeed, the nurse of today must introduce into her work present day intelligence and efficiency, not antiquated conjecture and superstition.

THE PREVENTION OF DISEASES OF INFANTS AND CHILDREN

By ELLEN C. BABBIT

The subject as assigned, presents an interesting picture to the mind's eye. In the background there is the venerated Dr. Jacobi establishing, in 1860, the first clinic in America for the study of the diseases of infants and children. In the middle distance, nurses are at work in the homes taking care of sick children during the summer months. In the immediate foreground the scene is decidedly changed. Instead of physicians and nurses working over the individual sick children, there are mothers bringing well babies to health centers, there are nurses going into the homes teaching there the laws of health. "Keep us well" is on the banner under which thousands of children march.

The preventable diseases of infants and children which make special demands on the graduate trained nurse fall into four general classes: (1) The congenital diseases; (2) the intestinal disorders; (3) diseases of the respiratory system; (4) the communicable diseases.

The modern demands on the graduate nurse who wishes to devote her energies to the congenital diseases are demands based on the splendid success which has followed upon the earnest and devoted efforts of those nurses who have been doing prenatal work. Not only has the mortality in the first weeks of life been lowered wherever the expectant mothers have had intelligent care, but the babies who have lived have been stronger, healthier babies, the percentage of breast-feeding appreciably higher, and the still-birth rate has been lowered. There are no terms by which the kindly service may be measured which the nurses have given, and yet this has been of inestimable value to many a mother. A trail has been blazed by the nurses who have done this prenatal work, and there is urgent need of more nurses trained to carry on this work. The work that has gone forward in super-

vising babies' feeding has been so successful that the problem of the high summer mortality can be solved where a sufficient number of nurses can be employed to instruct the mothers. The death rate from gastro-enteritis, compared with varying scales of living, shows that in the years 1905 to 1909 the mortality from these diseases among the rich was 0, among the fairly well to do 5.9, among the poor 33.8, while among the very poor it was 60.3. The nurses took to the homes of the very poor some of the elements that saved the babies of the rich, and now the death rate is very, very much lower among the three latter groups. The modern graduate nurse must know how to work with various tools,—the equipment of the kitchen in the alley is not at all like that of the exquisite diet kitchen in which she learned how to prepare formulas. Her knowledge of food values must be adjusted to an actual family budget of strange proportions. The nurse must be able to help the mother select proper foods, and also teach her how to prepare them and this, too, with make-shift utensils. The children with rickets, crooked legs and other such defects who come to the clinics bring tales of improper feeding. Several years ago Mrs. Humphry Ward wrote: "It is not food that is dear and scarce in England, it is the mind to cook it with. The English woman of the lower classes buys monotonously, omitting dozens of foods that she ought to include, because she is quite ignorant about them, and meanwhile her own mind stagnates for lack of any real interest or variety in her house-keeping." The nurses who work in many homes in America find the same is true here.

Sanitary science makes increasingly heavy demands on nurses who hope to save the health as well as the lives of little children. Text book theories of sanitation must be worked out against heavy odds unless the nurse has had practical field work well supervised. The nurses must know the awful effects of overcrowding per room—the need of domestic cleanliness and efficient sanitation and the relation of heat and moisture to disease and the value of sunlight. They must understand the principles of ventilation not only for the sake of the diseases of summer, but in order to help the children through from November to May when the respiratory diseases take such heavy toll. The reduction of the death rate in diseases of the respiratory system has not been proportionate to the reduction made in the congenital, nor in the intestinal diseases. The modern graduate nurse must teach the mothers the need of taking great care of the child with a little cold, which, if neglected, may so soon be a serious cold. The mothers do not realize the need of keeping the baby away from any one who has a cold. Parents do not appreciate the value of isolation, nor do they rightly view the protection of the Health Department's quarantine.

The nurse must make follow-up visits to homes where there have been infectious disease in order to control its spread, and to lessen its severity. As soon as cerebro spinal meningitis appears in a family, the nurse must teach the parents to see that prompt treatment is given to other members of the family who complain of pain at the back of the head, or who show any symptoms of illness. Dr. Amoss, of the Rockefeller Institute, says the mortality can be reduced from 80 to 8 per cent by prompt treatment at the beginning of the disease.

The nurse must teach the parents how to build up the general health of the children so that they offer resistance to such communicable diseases. While the nurse is of great value in the early detection of symptoms of disease, her real success is determined by the ability she has to strengthen the sense of responsibility in the parents, for it is on their education in hygiene that the welfare of the family rests.

The nurse must be trained to study the social causes of the diseases from which little children suffer. She must look beyond the bed in which the child lies and see the conditions in the child's home which are directly accountable for the pitiful suffering of her patient.

The most recent type of preventive work which challenges the nurse does not lie in either of the four general classes into which the diseases of children fall, it is the care of the potential heart cases.

Dr. L. Emmett Holt estimates that there are 25,000 children in New York City suffering from organic heart disease. He says, "An army of 25,000 children marching up Fifth Avenue would make an impressive spectacle, and would visualize for the public the magnitude of the problem of the cardiac child in New York City. It would make a powerful appeal to us who realize how casual is the medical advice which most of these children receive and how entirely inadequate is the care and supervision which they are given in the home." He speaks of them as "little cripples, whose deformities, though concealed from view of the passer-by in the street, are none the less real." Graduate nurses are at work in the twenty clinics now organized for heart cases in New York City. Eight of these clinics are for children. The first children's clinic was opened in St. Luke's Hospital by Dr. St. Lawrence, a year and a half ago. Nearly two hundred children are now registered there, where the chief effort is concentrated on the potential cases.

The graduate trained nurse who is willing to cast her lot with those who work for the prevention of disease among infants and children must meet the following demands:

1. She must have had special training in the care of infants and

children, not only in a hospital, but practical field work under intelligent supervision.

2. She must have had training in communicable diseases.

3. She must have had social service training to equip her with a knowledge of the problems which the very poor meet and to know how she may cooperate with other agencies to help them help themselves.

4. She must have imagination, and an "understanding heart." She must have a redeeming sense of humor, for with the precious ointment of mirth many difficulties may be overcome. She must be brave in meeting the disappointment that comes when a family fails to live up to a standard she thinks she has established. The nurse who takes upon herself the yoke of the prevention of disease in infants and children meets not only modern demands, she was described long, long ago by Paul, she "suffereth long and is kind. She is not easily provoked. She beareth all things, believeth all things, hopeth all things, endureth all things."

EDUCATIONAL OBLIGATIONS

By LAURA R. LOGAN, R.N.

It has been assigned to me to discuss educational obligations in the light of some modern demands made upon the graduate nurse. The subject is not new: only last year we heard Miss Nutting's paper on the ideal training school, and the problem has been presented at our state and national meetings under such captions as The Training School's Responsibility in Public Health Nursing Education, What is the Training School's Duty in Preparing Nurses for the Public Health Field, for Institutional Work? More than once, as today, have the needs of the several fields been clearly presented: more than once have sound constructive outlines been given. Much good ground has been gained, and yet to so great an extent do our outworn methods of education persist in the rank and file of schools of nursing today that a re-presentation of ideals in training school work is a periodic necessity. Moreover, each time we come together for discussion we increase the chances for the breadth and wisdom of our tentative and final solution.

It is obvious, therefore, that we need to remind ourselves again of our obligations as nurse educators, to remind ourselves yet again of the needs of the situation, of what is new in the educational methods in other professions than nursing, and to reconsider and evaluate the methods of reform, which from time to time are being advocated and

tried out in our field. It is possible that we may find new arguments, or be able to suggest new methods, or that the presentation from a new angle, as well as the repetition, may impel us to greater action.

The modern demands upon the graduate nurse, as outlined this morning, speak forcefully of the community need of her. The mental hygiene movement alone, with its prophylactic and after-care divisions will distribute to the nursing profession more of work to be done than it is at present prepared to handle, unless we find some way to amplify and readjust our present undergraduate training. Much as we might desire to have it otherwise, and much as we may advocate post-graduate study, it remains the tendency of the average student, in our own, as in other fields, to discontinue school as soon as the point of economic efficiency is reached, and where, as in the public health field, the demand so greatly exceeds the supply, the situation itself augments this tendency. We may as well, indeed we must, face the fact that an increasing proportion of our graduates are entering the public health field and that the majority of them will do so with only such preparation as we are able to give in our undergraduate schools. Since then, we must prepare large numbers of nurses for the work in public health fields, must we not somehow definitely select for their study subjects which will prepare for such work?

Dr. Winslow, of Yale, outlines the situation by saying that the nurse:

must understand thoroughly the general fundamental laws of hygiene and sanitation, which means the mastery of the principles of physiology and bacteriology and must have a minute grasp of their special applications in the field of her own work, whether it be school nursing, tuberculosis nursing, infant hygiene or mental hygiene. She must be equipped with a knowledge of the economic conditions and the sociological principles which intimately touch her at a hundred different points.

So many social ills, poverty, crime, insanity, have their roots in physical limitations and ills, and so many physical ills can be understood and controlled only with an understanding of industrial and social mal-adaptations in which they so often have their roots, that real control of either social ills or physical ills involves an understanding both of modern social and economic problems and of the principles underlying the prevention, the control and the care of disease.

In attacking the problem of the reconstruction of the curriculum, I am convinced that our most vital obligation is to foster and further the desire on the part of so many of our training schools to deserve and command recognition as educational institutions. Perhaps the most vital of our obligations is concerted effort to convince educators, edu-

educational systems and the general public that for the community's own welfare, it is as imperative that it set aside funds and provide proper facilities for the education and the training of nurses as it is that funds be set aside and provision be made for the preparation of agriculturalists, engineers, librarians, teachers, dentists or physicians for public and professional usefulness. Certainly, without such recognition and without such provision, the work of the nurse, and more especially the public health nurse, will remain handicapped and unequal to the demands made upon her, and the community health continues the sufferer.

Since the leaders in nursing education first pointed the way, the development of the Department of Nursing and Health at Teachers College, Columbia University, has been steadily distributing the leaven of adequate educational method throughout the country, through its students, its publications and the force of its example. No small part of the work of laying the broad foundations for educational opportunity is likewise being done by those nurses who are fighting for minimum educational standards in state registration. During such engagements, the needs, aims and the social value of nurse education become more generally disseminated and more of the general public begin to see the shortsightedness of a policy which makes the training of the nurse subserve always the immediate needs of the hospital. As yet there is only a slight tendency among people at large to look upon training schools for nurses as educational institutions, responsible for the preparation of professional members of society, concerned with the health and welfare of the community.

One of our first real obligations then, is that of getting behind our own educational movement in more ways than at present. We should council, more generally, with educators, and with ourselves, urging that students in secondary schools who intend later entering training schools, be recommended to select those subjects which, like chemistry and biology, are most essential as foundations for nursing work. The co-operation of the National Educational Association may be further enlisted and papers relating to nursing and health education may be read more frequently at their gatherings. Membership in their organization should be sought wherever possible. The interest of the socially minded public should be enlisted through every avenue, and correct information concerning the field be widely disseminated. We should strive to overcome the prejudices and misunderstanding which so frequently lead to parental objection and prevent the enthusiastic young woman entering training. The League of Nursing Education of Cincinnati has begun such a campaign by an appeal to the Woman's

City Club concerning state legislation affecting educational requirement and by a series of talks to the Mothers' Clubs of the city. The response has been decidedly encouraging and we find these bodies of women eager for the facts regarding the problems and needs in the training and education of nurses, and for an understanding of the vocational opportunities in the field of nursing. Much can be done by the private nurse, not only in the good care of her patients, but by the judicious use of opportunities to speak convincingly of the needs of the profession, of the scope and social importance of nursing work and of need of funds and educational emancipation.

In attacking the obligation to reconstruct our curriculum to meet social needs, we have one decided advantage over the average educational institution in that our theory and practice are motivated and worked out in connection with real and immediate problems. In the main, we have come along the right road in our method of education; the difficulty is that we have all along been unable to give enough of theory and that our methods of administration and our curricula have not broadened or changed rapidly enough to meet the increase in the social scope and the social importance of our profession as it reveals itself in the modern demands made upon the nurse. If we but incorporate into our undergraduate training the larger social implications of our technical work and broaden out the scope of our work to include a knowledge of disease prevention and health promotion as well as nursing care, we shall have an educational scheme which is inferior to none and superior to many in pragmatic value.

An adequate fulfillment of our obligations requires teachers whose training has been such that they are real educators. It requires women capable of administering the details of our curriculum, holding fast to all that is good of yesterday's method and with a clear vision of the purpose and needs of today always before them. It requires someone who is willing to secure adequate equipment for the most part through tribulation and fasting, and whose chief reward is the emancipation of her students who find themselves earlier and become conscious of the extra- as well as the intra-mural meaning of their training.

Any adequate program necessitates the greatest care in the utilization of the time devoted to practical experience in the technique of surgical, medical and other essential branches of nursing. It necessitates no waste in the repetition of technique beyond the point of sufficient skill: it involves the elimination of indefinite repetition of bed-making, serving of trays and dusting, which, in the main, should be the work of an attendant. Wherever real conservation of the students' time can be accomplished, one can still hold fast to all that has proven

of value in the way of orthodox training in technique and still have time to give the student well-systematized academic courses in the sciences which underlie her profession and which bring her consciousness of the relation of nursing to modern social problems. We must recognize that more than a reasonable degree of technical skill is in itself specialization and that mere mechanical technique and skill are of little avail if its possessor remain unconscious of its significance to the needs of existing community life when she is called upon to apply it therein.

When undertaking the establishment, in a properly administered school, of adequate facilities for education, the university should be kept in mind as the setting in which our educational plans and obligations may probably best be realized with the least expenditure and with the largest benefit to the student. In the university and college, it would seem that reconstruction of the curriculum can be best accomplished and, under certain circumstances, in the normal school. Once the university comes to see the educational needs of the nurse and to feel its obligation to the community to meet the same, it is not so long a step to the realization of a centralized school for all the hospitals in the district. Such a system would indeed be a boon to the superintendent of the small training school, who is struggling with the dual load of hospital administration and the education of her students.

It may be helpful to outline for discussion a plan providing for the reconstruction of the curriculum and its method of administration, which for better or for worse is being worked out by a city, through its university, in conjunction with its municipal hospital, whose School of Nursing and Health has been taken over as a department in the University Medical College. The School, under the new conditions, is now only a year old, and is suffering most of the trials of that age. On the whole, the plan is proving workable and if it continues to be successful, is one which well might be adaptable for use in connection with state, as well as privately endowed, colleges and hospitals. Briefly stated, the plan provides that all students entering the School of Nursing matriculate in the University with the same entrance requirements as those of any other department. The three years' nursing course has been so organized that at its satisfactory completion the University grants the usual diploma of graduate nurse and gives, in addition, two years of credit toward the degree of Bachelor of Science. If the student wishes to obtain the degree of Bachelor of Science, she may take the two additional academic years in the College of Liberal Arts, either before or after the professional course in nursing. The course proposed for these additional years provides a wide range of

election, making it possible to adjust the students' program to pre- or post-nursing needs. The required subjects, as they stand today, are: chemistry, zoölogy, economics, English, hygiene and physical education, leaving twenty-four electives. The student will be advised to elect generally from social sciences, child and educational psychology, biology, chemistry and modern languages.

The professional course begins with the introduction of the student to the hospital wards very early, in fact, just as soon as she has been taught bed making and the simple beginnings of personal and ward hygiene. She begins her practice in the midst of conditions among which she desires to become efficient, and while she is becoming oriented to the atmosphere of the hospital and is coming in contact with the realities of nursing work, her enthusiasm is utilized to bring about skill in simple bedside care and the more mechanical drill, just as an attendant might be taught. During this period, in addition to hygiene and elementary nursing, she is instructed in ethics and the etiquette of nursing, in elements of cookery, and is given some introductory lectures in anatomy. This arrangement is, furthermore, the most economical one, for it affords a working basis to guide one in the early elimination from the course of the unfit, before a large amount of time and money have been expended in giving academic work to a candidate who may later prove unable or unfit to make the adjustment to the actual work of nursing, or whose chances for success in the more skilled and professional care of the patient are slight. In case the candidate proves unfit to continue the nursing course, there is no loss to the hospital nor to herself, for we may have produced a first-rate attendant or, failing this, the training has at least sent the student back to the community with a better knowledge of hygiene.

When the students have reached some fairly definite idea of the nursing problem, and those best qualified for its actual work have been discovered, the plan next provides that they shall be released from ward work and be given one semester, or four months, of academic work. It is possible to give the student at this time, systematic, well-rounded, academic courses worthy of University credit, because the student is giving her full attention to theoretical work and is not studying on a small margin of strength. She has time to use references, to write papers, to organize and develop material in connection with class work. The subjects given in this first period of study are: chemistry, anatomy and physiology, and materia medica. Classes and clinics in medical and surgical nursing are introduced during this first semester of study and the scheme provides for one-half day Sunday relief, so that the continuity of the student's development in the field

of the immediate problems of nursing is preserved and her study continuously motivated. A second study period is given in the second semester of the Junior year of the professional course. In the present scheme this provides instruction in sociology, public health nursing, psychology, bacteriology and hygiene, and materia medica, as well as a more advanced course in dietetics. The latter course takes account of budgets of families of the poor as well as the preparing of special diets.

The months of hospital practice intervening between these periods of study include not more than four lectures per week. A moderate amount of collateral reading is involved in these lectures which serve chiefly as a guide in giving the student a better understanding of her cases, and the point of view of the various instructing physicians. These lectures include pathology, mental and nervous diseases, contagious diseases, pediatrics, public health, etc. The community aspect of each disease is considered.

As stated above, every day of the practical training is weighed and measured. The distribution of this training in the services is: Medical wards, 3 months; surgical wards, 3 months; children's wards, 3 months; orthopedic wards and gymnasium, 1 month; admitting and social service and out-patient department, 1 month; gynecological department, 1 month; operating department, 1½ months; obstetrical wards, 2 months; psychopathic and neurological wards, 2 months; eye, ear, nose and throat wards, 1 month; contagious wards, 2 months; elective, 4 months constituting out-patient and field practice in public health nursing, or out-patient and private wards, or administration, or special branches of nursing.

Finally, the scheme assumes that after such an expenditure of two years and eight months of training, the student is in a position to profit by a wise selection of practice and study for the last four months of her training, either in public health nursing work or in hospital administration, private duty, or any other branch of nursing in which she feels inclined to specialize. Such a course would certainly put the average woman who graduates into better condition for public health work and by judicious arrangement of time, as stated above, it is the hope that nothing of fundamental value in nursing technique need be omitted.

The general operation of such a plan would require the coöperation of state and privately-owned universities with hospitals. It would require a larger registration of students in the nursing schools, in order that half of each class may be at work in the University while the other half is carrying on the practical work in the hospital. Schools having

to make additional affiliations for practice in any special branch of nursing will need to provide still additional nurses, or workers. On the other hand, the plan itself will bring more students, for if society does need the worker with a nurse's training and a fairly broad social outlook and understanding, then, as positions open, young women will begin to avail themselves of a training which definitely prepares for such work. We shall not then be wanting in sufficient numbers of students which is, after all, one of the greatest drawbacks to many schools in living up to their educational obligations to their students.

The plan described above is being carried out on a coöperative basis, as in the College of Engineering in the same University, and permits the student to pay with her actual services to the city sick in the hospital for her professional and university training. Elsewhere, even if the hospital which the student serves remains unable or unwilling to pay the full cost of her training to the University, the time ought not to be long when our educational institutions will make ready to assume as much responsibility for the education of the nurse as for the education of the teacher.

ADMINISTRATIVE AND LEGISLATIVE PROBLEMS IN MEETING MODERN DEMANDS ON THE GRADUATE NURSE

By ANNA C. JAMMÉ, R.N.

When I commenced to consider this subject from various angles, it began to appear to me as a large contract and seemed to embrace even "the law and the prophets" of nursing, almost in fact the entire argument for our professional existence. However, I have entered into it and while it would be impossible to cover the many ramifications into which consideration of this highly important and timely topic will lead, I have attempted, at least, to touch upon some fundamental considerations and even to suggest what may be possible from the administrative side.

In this problem of meeting demands of modern society, both from the educational and practical standpoint, ours is not an isolated position but parallels what is today before general educators. Like them we must admit that there is a rapidly changing order in our social economy which is transposing social organization and producing its influence on education in general, even including nursing education. Mr. David Snedden, in the opening chapter of his book *Problems of Educational Readjustment* affirms that there is a new education in the

same sense that there is a new industrial order, a new practice of medicine, and a new philanthropy, which owes its origin to the development of scientific knowledge and to the spread of democratic ideals. Science has revolutionized nursing as it has revolutionized medicine or agriculture or warfare, and is bringing with it a new education which requires readjustment.

Hitherto, nursing has rested on a foundation built upon the theory of cure rather than upon the theory of prevention of disease; largely the scheme for the training and education of the nurse has prepared her for bedside work and nursing in the home after her graduation. Although this ideal cannot now, nor probably ever will be entirely abandoned, for the nurse's function in the actual care of the sick at the bedside can never be withheld even in changing modern sociological conditions, yet sufficient progress has been made in the evolution of nursing to convince nearly all careful students of the demand for a more purposeful, a more comprehensive, and if I may say, a more efficient system of preparing our student nurses in our undergraduate schools. Forces outside the field of the training school are compelling this reconstruction both in the aim and in the methods of teaching.

As for a basic administrative consideration, this is doubtless concerned primarily with the educational program to be carried out in our schools of nursing. The readjustment of the curriculum giving arrangement that will find place in the latter part of the third year for the study of sociological and community problems may be a primary consideration. The scope of nursing education will, to a certain extent, have to be defined in terms of social economy and will have to embrace studies and practices which will deal with the practical problems of reducing suffering and waste of human life, and also the conditions which give rise to disease and moral delinquency.

Initiation of this idea has already been made, as has been demonstrated in certain cities, where the nurses of the senior classes have coöperated for the purpose of instruction in subjects relating especially to community welfare. It cannot be said that in any one of these courses sufficient insight has been given to prepare a nurse to actually practice a specialty, but they have served the purpose of opening the vision of the students and showing how the work of the training school should be linked with the work in the community. If the student never enters into post-graduate study, she is made richer in measure than if she never had had this instruction. This has been an important step in socializing our schools, also in tending toward uniformity of ideals amongst students and it foreshadows greater developments as our educational vision enlarges. Heretofore the curriculum has been

rigid and the student has had a limited power of selection or none. Opportunity to show initiative or self-direction has not been her privilege. Granted that her vision should be faulty and her election not what she eventually follows, does she not gain in the very fact of exercising her power of initiative? We should, in my opinion, consider making the curriculum of the last six months of the course sufficiently flexible to fit the needs of different groups of students who will have sufficient purpose in their training to desire some special instruction in subjects that will aid them in meeting the various requirements that will come after graduation.

I do not wish the idea of election in the third year to be confused with the idea of specialization. I consider that a specialty can only be taught in a graduate school, while an elective can be made part of an undergraduate course in the same sense that agriculture, domestic science or art, is a part of the high school course. The value of practical experience in elective work can be measured solely by the methods of administration including the supervision accorded. It would be but another form of exploitation of the student nurse, were she allowed to give any degree of service without educational value received. Practical elective work, whether in the hospital or outside the hospital or with an affiliating organization, should be considered as part of the course and as such should be approved and inspected by a Board of Nurse Examiners before such affiliation is arranged.

I believe we should approach the matter of practical elective work very cautiously and should not encourage it outside the hospital, until proper provision can be made to place the student under constant supervision. It will necessarily cause an added expense to the training school, as it deprives the school of the services of the student and necessitates replacing her in the staff of nurses. There is also the question of the student's car fare and possibly her lunch. It should be an added expense to an outside organization rather than the benefit of another worker, for it takes the time of the supervising or clinic nurse to instruct the student; and it is an expense to the student herself for it requires her to provide a suitable uniform.

Actual experience in elective work may be obtained either in the hospital with which the school is connected, in an affiliated hospital, or in the community itself. In the hospital, the familiar forms which we have known are head nurse duty or assistant's work, or special operating-room work. These may not have been considered as elective courses, but even as a non-elective, they have contributed to the value of the training from the standpoint of added experience for the student.

Practical experience in an affiliated hospital is also not new, it has been practiced in progressive schools for at least two decades and made compulsory by State Boards of Nurse Examiners in order to supplement actual deficiencies in the home school. Elective work in affiliating hospitals is a different proposition and means a voluntary agreement on the part of the home school to relinquish the student for a specified time, we will say from four to six months, and is solely for the benefit of the student; as for example, where the student from a general hospital is sent to a state hospital for the insane for the purpose of experience of mental nursing. In these cases the degree and range of instruction and practice should be definitely specified and credit given. In the state with which I am most familiar, California, an affiliation is not arranged until the Bureau of Examination and Registration of Nurses has been consulted and the details of instruction arranged.

In the various branches of public health work which may include social service in the hospital, the same precaution will necessarily have to be carried out, otherwise, again, the nurse may become the victim of exploitation. The detail of the method of carrying out successfully a practical elective course in public health work or community nursing will, of necessity, have to be adapted to the given community. Co-operation with organizations seems to be at present the most feasible means of doing this work. The value of the work, from an educational standpoint, will depend entirely on the standing of the organization concerned. This should come under the sanction and surveillance of the Board of Examiners and where there is an inspector of training schools, it should be part of her duty to make routine inspection, where affiliating work is carried on.

A form of administration for carrying on practical elective work in public health nursing may be possible in communities where a group of hospitals is located, and by coöperation of these hospitals an instructor may be engaged who would take charge of the course and supervise the practical work. I believe it is not possible in an undergraduate course, necessarily limited, that the student should take any definite responsibility of patients, or clinics; she can be merely considered as an observer, or assistant. In small communities supervision may more easily be given from the training school. In the beginning of the work in California, senior nurses were taken on field trips to various welfare centers, such as milk stations, model dairies, cold storage plants, and other public or municipal works, also to state hospitals within range of the school.

The question of elective work may not properly belong here, only

in that it may bring nearer the solution of the problem as to how the individual graduate nurse shall be prepared to meet increasing demands and how to utilize practically in the community the knowledge she has gained in her hospital.

Concerning graduate study, our imagination naturally turns to the courses now offered in our various centers which are contributing very materially to enabling the graduate nurse to meet the demands placed upon her. Many nurses are able to take advantage of these opportunities but a larger number by far are not within reach of those centers, or may not be able, for various reasons, to take advantage of this study. But there are other means. Large or small groups of nurses, either in large centers, or in our small towns, or even rural sections, may organize for a course of instruction in sociology, civics, history and development of nursing and other subjects allied to their work. Nurses should enter into meetings and gatherings where they come in contact with the live issues of the day and the social and political spirit of the community. Too long, nurses have felt themselves so entirely absorbed in their work that it placed them apart from others; too long they have held back from mingling with other workers and taking their part in civic affairs. The training school may assume some blame for this if we can credit the evidence of young graduates who have no knowledge of the most intimate municipal, state, or national conditions bearing directly on their professional work.

Graduate study to be of any value and give results should be organized and properly directed. Until we can be thoroughly imbued with the thought that only by eternal working over and renewing of the knowledge we already possess will we be able to keep the pace with social and economic changes and maintain our place in the social group. A sympathetic understanding of people and their needs can only be obtained by studying people, and therefore post graduate study should be along the lines of sociology, political economy, and general community problems. Opportunity for this is not lacking in any part of our country. There are the university and university extension courses and the university summer sessions; there are the high schools, the civic clubs and teacher's institutes. Again there is literature in abundance if one knows how to find it and how to use it; the current periodical, the daily press serve an inexhaustible purpose in keeping us informed as to public sentiment on civic and national questions in which the work of the nurse is often very intimately involved.

You may agree with me that the most important step in educational administration that will fit us to meet the situation as it exists today is that we should have first a standardization of entrance require-

ments of schools of nursing in the United States. Second, a reorganization of the curriculum. Third, that a pupil should be given the opportunity of selection in the latter part of the third year. Fourth, that there be the continued encouragement of graduate study both within post graduate institutions and by means of extension courses. In addition there should be a greater development of educational and professional patriotism,—educational patriotism on the part of schools of nursing in their attitude toward the student nurse and to the objects of her studentship, professional patriotism in the regard of the student for the integrity of her profession and a personal sense of responsibility for her work in the school.

There may be raised in this discussion a far-reaching problem, to which I have given no attention, namely, the attitude of the people of the community toward the training school within its confines. The public is making its demands upon the graduate nurse, but is the public concerning itself with the preparation of the nurse in order that she may be able to answer its needs? It is very evident that the interests of the community will be better served when there exists a cordial understanding between the people and the school of nursing and when this school shall bear a definite relation to the general school system in the community.

As for the problems of legislation, here again are problems which parallel those of other educators, for who of us that have listened to debates in legislative rooms on general education bills have not been impressed with the similarity of our own position in this question. Standards of education, in no matter what line, must be clear-cut and decisive, before we can impress a legislative body with the need for protective or enforcing measures. Therefore comes the necessity that we should understand ourselves perfectly and bring to this understanding the combined wisdom of all our activities.

We have obtained our first trench in legislative work and now we must follow it up as well as guard it. We have established laws in forty-five states, which is but a beginning. Our next step is very apparent, that of stating in definite form what shall constitute a minimum standard of education in all schools of nursing in the United States and of placing upon this standard the stamp of our approval as a national organization. Legislation would undoubtedly be made far easier for a legislative committee were it reinforced by such a standard requirement.

Suitable legislation pertaining to nursing education is imperative, but suitable legislation pertaining to graduate nurses' work and to the work of attendants is likewise important and one in which we

should now find ourselves actively concerned. I speak of tuberculosis, child welfare and especially of school inspection legislation. Now that we have gone so far we cannot afford to ignore all acts of legislators where our work as nurses is so intimately associated. We must unite in our organizations to see that the utmost vigilance is obtained and be ready for the call to arms when adverse measures concerning public health welfare are threatening.

Suitable legislation which will provide for preliminary entrance requirements to schools of nursing will assist in great measure in enabling us to properly prepare the future graduate in our schools to meet the demand that is placed upon her by the public. In this work the public must take its share if it is to reap the benefits and become the recipient of skilled nursing service. Therefore, there must be a strengthening of our educational forces and we must get public opinion formed and focused in such measure that suitable legislation will be more easily obtained and enforced to the bringing about of satisfactory results to the workers and to the people whom they serve.

FRIDAY AFTERNOON, APRIL 27

BUSINESS SESSION

REPORT OF COMMITTEE ON LEGISLATION

Before submitting this report I shall, with your permission, briefly review the purposes of this committee and the work from the time of its appointment.

Legislative enactment relating to the licensure of graduate nurses has been progressing since 1903 to the present, when forty-four states have obtained laws. In obtaining these laws certain basic features prevailed in every law, such as the creation of a board of examiners; requirements for applicants for examination and registration; requirements for accredited schools; registration without examination during a period of waiver of the law, and on certificate of registration from another state; revocation of certificate and a certain specified registration and examination fee. Considerable variation exists in the interpretation of the laws; their administration; requirements for examination and registration and reciprocal relations with other states.

Realization of these inequalities has been felt for some years, but it was not until 1915, at the convention of the American Nurses' Association in San Francisco, that definite steps were taken looking toward greater equality of basic points having direct bearing on reciprocity.

At a special session of this organization, discussion was entered into on the following points: (a) Administration of the laws by Boards

of Examiners; by a Medical Board; by a State Board of Health; by the Regents of a university. (b.) Headquarters of administration. (c.) Basis of reciprocity. (d.) Setting of examination questions. Following this discussion, which served to show the great lack of uniformity in administration and requirements, it was voted to appoint a committee to be known as the Sub-Committee on Legislation, which would obtain data necessary to assist in bringing about the desired result.

At the meeting held in New Orleans, in April, 1916, this committee reported on requirements of Boards of Examiners for accredited schools of nursing, which report was taken from a survey of requirements in thirty-two states. Seven states did not respond. From this report it was further shown that great inequality existed in requirements for accredited training schools. The committee at this time made recommendation favoring standardization of requirements for accredited schools with a view of establishing, later, certain uniform minimum standards capable of being adopted in each state.

This committee was reappointed and two new members added. The proposed work for the year 1916-17 was outlined as follows: First, preliminary educational requirements for training schools for nurses; Second, uniform records and application forms; Third, minimum theoretical and practical requirements for training schools; Fourth, uniform passing grade on examinations; Fifth, basis of reciprocity. A circular letter, setting forth the purposes of this committee and the outline of the above plan, was sent to the presidents of Boards of Examiners, in June, 1916. Response from twenty-two states was obtained. A second circular letter was sent out in September, 1916, and responses were received from nineteen states. The material obtained in answer to each of these letters has been tabulated.

Preliminary educational requirements: In nineteen states, thirteen were in favor of a full high school course, and four of one year high school; in twelve, a high school course could not be enforced; in two, it could be enforced; and in five, not at present. Seven states could enforce a two-year high school course; five could not enforce a two-year course, and four, not at present. Ten states reported they could enforce a one-year course; one a grammar school requirement, and two could enforce no requirement. From this it may readily be seen that while the desire is for four-years' high school preliminary requirement, the majority could enforce but one-year high school. With this basis of educational foundation, it may be inferred that from four to five years will, on an average, elapse between the time the student leaves school and applies for entrance to a school of nursing and that during this period, she is occupied in some capacity, or is living at home. In either case there is a possibility that she may take advantage of

night school work, or private instruction to supplement her education. It will, therefore, be advised that in selecting prerequisite studies, preparatory to the study of nursing, the following shall be recommended:

I. English, includes ability to speak the English language correctly and the power to write English in a correct, orderly and fitting manner.

II. Mathematics, elementary algebra (recommended). Includes ability to deal with problems including fractions, percentage and the decimal system.

III. Chemistry, includes elementary general chemistry with laboratory practice. Household chemistry.

IV. Biology, includes the study of plant and animal biology sufficient to provide a foundation for the study of physiology and bacteriology.

V. Home economics, includes domestic science as cooking, household management, preparation of meals.

The following graduation of educational requirements is recommended: From January, 1918 to January, 1921, evidence of a successful completion of one year of high school work. From January, 1921 until January, 1924, evidence of a successful completion of two years of high school work. After January, 1924, evidence of four years of high school work.

Minimum requirements for theoretical work. The following standard of minimum requirements for instruction in schools of nursing is recommended:

FIRST YEAR

First half

SUBJECT	HOURS	CREDITS
		<i>unit</i>
Nursing technique.....	16	1
Bacteriology (elementary).....	8	$\frac{1}{2}$
Anatomy and physiology.....	16	1
Food service.....	16	1
Elementary hygiene.....	16	1
Ethics.....	8	$\frac{1}{2}$
—	—	—
	80	5

Second half

Nursing technique.....	16	1
Anatomy and physiology.....	16	1
Materia medica.....	16	1
Dietetics.....	16	1
Bandaging.....	8	$\frac{1}{2}$
—	—	—
	72	4 $\frac{1}{2}$

SECOND YEAR

First half

SUBJECT	HOURS	CREDITS
		<i>unit</i>
Nursing in medical diseases.....	16	1
Materia medica and therapeutics.....	16	1
Urinalysis and laboratory technique.....	8	$\frac{1}{2}$
Massage.....	8	$\frac{1}{2}$
Nursing ethics.....	8	$\frac{1}{2}$
	56	3 $\frac{1}{2}$

Second half

Nursing in surgical diseases.....	16	1
Operating room technique.....	8	$\frac{1}{2}$
Orthopedic nursing.....	8	$\frac{1}{2}$
Obstetrics and obstetrical nursing.....	16	1
Gynecology.....	8	$\frac{1}{2}$
Diseases of the skin and teeth.....	8	$\frac{1}{2}$
	64	4

THIRD YEAR

First half

SUBJECT	HOURS	CREDITS
		<i>unit</i>
Pediatrics and infant feeding.....	16	1
Communicable diseases and preventive medicine.....	16	1
Mental diseases.....	16	1
Eye, ear, nose and throat.....	8	$\frac{1}{2}$
	56	3 $\frac{1}{2}$

Second half

Ethics and social problems.....	16	1
Instruction in special branches of nursing.....	16	1
History of nursing and nursing organizations.....	16	1
	48	3

Minimum requirements for practical work:

	months
Medical.....	6
Surgical.....	6
Obstetrical.....	3*
Children.....	2
Diet kitchen.....	2
Night duty.....	4
Operating room.....	3
Special duty.....	3
Vacation.....	2
Unspecified duty.....	5

* Or care of 6 patients including labor and care of baby.

System of credits for theoretical and practical work: A system of credits for theoretical and practical work is also hereby recommended. The academic year is divided into two periods of sixteen weeks each. In the training school a unit, or point, signifies one hour per week of recitation, or lecture, with preparation therefor, on any one subject for sixteen weeks. Laboratory work not requiring preparation is estimated at a lower rate, three or four hours as equivalent to one hour of recitation or lecture. For practical work the year is divided into three periods of sixteen weeks each. The day's work of eight hours each week, for sixteen weeks equals one unit. Seven day's work of eight hours each day for sixteen weeks equals seven units. Therefore, the period of sixteen weeks equals seven units, three periods of sixteen weeks each, equal twenty-one units, three years of three periods each year, equal sixty-three units.

The total number of available units, would be,

	units
For theory.....	24
For practice.....	63
	—
	87

Requirements for schools of nursing:

- I. Bed capacity (50).
- II. Daily average number of patients (25).
- III. Services: medical, surgical, obstetrical, children (male and female).

IV. The head of the school shall be a registered nurse and shall possess requisite qualifications for the administration of the school.

V. Suitable and adequate provision for students in respect to sleeping quarters, bath rooms, dining rooms and dining-room service, and for recreation and social life. Diet must be wholesome, well cooked and ample.

VI. Hours of duty shall not exceed 56 hours per week (8 hours per day and one half day from 1 p.m.)

VII. Physical requirements. Candidates must present evidence of a sound physical condition and intellectual and mental ability. A complete physical examination is recommended.

VIII. Age. From 19 to 35 years. Exceptions subject to physical and mental development.

IX. Teaching facilities.

(a) Class room with equipment as tables, desks or tablet chairs, good sized blackboard, skeleton.

(b) Demonstration room with full demonstration equipment.

(c) Diet kitchen for class demonstration.

(d) Student's laboratory, or use of hospital laboratory.

(e) Working library including modern text and reference books.

The above to be supplemented by clinical teaching at the bedside, and in the operating room.

Basis of reciprocity. The basis of reciprocity has been founded on the wording of the laws, "requirements equivalent to." The laws of twenty-five states demand equivalent requirements; the interpretation of equivalent requirements should mean equivalent preliminary educational entrance requirements and equivalent minimum course of instruction in the training school. It is the opinion of this committee, that upon the above interpretation, only, can a rational basis of reciprocity be established. It is therefore, the desire of this committee that the adoption of preliminary educational entrance requirements and a standard of minimum theoretical and practical instruction shall be made at this meeting.

Essential points in registration laws. The theory of nurse education by means of state registration having been established, it now remains that a greater degree of uniformity in laws shall, when possible, be brought about. For the purpose of guidance in future legislative action, the following essential points, to be embodied in registration laws, is recommended:

I. Administrative machinery

1. Board of Examiners appointed by the Governor (or other state official).
2. Maintenance of the Board.
3. Control of funds, including fees, fines and all moneys received, shall be vested in the Board, if possible, or subject to demand of the Board for the carrying out of the provisions of the Act, upon voucher signed by the President and Treasurer of the Board.

4. Maintaining permanent headquarters.
5. Maintaining a permanent secretary, who may or may not be a member of the Board.

II. Duties and powers of Board

1. To hold examinations to determine personal and professional qualifications.
2. To issue licenses on examination to graduate nurses from standard schools of nursing.
3. To issue licenses without examination to applicants who are registered in other states or foreign countries who are graduates of accredited schools.

An accredited school is hereby defined to be one that complies with the national standard for schools of nursing.

Applicants who are graduates of schools not in existence at the time of their application may be registered without examination upon the rating of the school at the time it ceased to exist.

4. To license, without examination, under waiver.
5. To revoke certificates of registration for dishonesty, intemperance, immorality, unprofessional conduct, or any habit rendering the nurse unfit or unsafe to care for the sick, after a full and fair investigation of the charges preferred against the accused.
6. To inspect all schools of nursing.
7. To accredit schools of nursing.
8. To establish a standard upon which schools of nursing shall be accredited.
9. Power to determine preliminary educational requirements of applicants for training schools.
10. To require satisfactory evidence of the fitness of applicants for registration.
11. To charge an adequate examination and license fee to be paid into a special fund in the state treasury. Amount should be fixed in the statute.
12. To hold meetings at definitely specified times and keep an account of the same.
13. To report all transactions of the Board to the appointing power at stated times.
14. To account to the proper and established authority for collections and expenditures of all moneys.
15. To keep a register of all nurses registered under the Act, which shall be open to the public at all suitable times.

16. To make rules and by-laws for government and administration, in accordance with the spirit of the Act.
17. To state that the law does not apply to those who care for the sick, other than as trained, graduate, professional, licensed, or registered nurses.
18. To penalize those who claim the above title, the use of R.N., or any letters purporting to represent the above titles.

In conclusion this committee wishes to emphasize that this work has been undertaken with the object of serving a constructive purpose and not a critical one, and unless the information thus brought together deals with further constructive work it will fail of its purpose. This further constructive work, it may be recommended, shall be that of a general survey of nursing education in the United States under the guidance of an authoritative body which will lead to the permanent establishment of a proper basis of nursing education.

ANNA C. JAMMÉ, *Chairman.*

JOINT SESSION

Subject: The Problem of the Small Hospital, Mary C. Wheeler, presiding.

PROBLEMS OF THE SMALL HOSPITAL

By MARIE C. BROWN

As a graduate of a small hospital, having worked in several in different parts of the country, having held the position of superintendent in one of ninety beds, for three years, I feel that I can speak on this subject so far as it is covered by my own experience. The questions which I think need most discussion, given in the order of their importance, are: Administration, Efficiency of Management, the Training School.

In the Administrative Problem we have a subject that has been discussed repeatedly at these most helpful meetings, and, yet, we come again this year with many of its aspects unsolved. We can only reiterate and enumerate once more the several points that puzzle us in the small hospital administration, and so hope to obtain new solutions through present discussion. The chief, and, to my mind, the first of these is how to obtain the perfect cooperation of the community at large. How can the public be brought to a realization that the lasting, ultimate success of the institution depends on the end-result of each case treated, that this result depends on the good equipment in

each department, wards, laboratories, offices, laundry, kitchen and on housing conditions; on an equipment that will be time and labor-saving and, consequently, strength-saving for those employed? that destroys quickly all source of infection or pollution, that this, in turn, by the elimination of all unnecessary expenditure of mental and physical force, increases the efficiency of the medical and nursing staff and thus makes for the quick, complete and permanent recovery of the patient? How can the public be made to understand that a hospital can only be made to pay when it is so organized and run that it is of the greatest service to the community; and that this, again, is shown by the end-results, rather than by the many cases passing through its departments? How can we best use the forces of education contained in the small hospital for the instruction of the community, the training school, the nursing staff, the graduate nurses, and the medical profession by post-graduate work in its clinics?

Quoting Miss Dock, "Coöperation, not competition," how best to obtain this is the real summing up of the whole problem. How may we best interest the auxiliaries and aid them in teaching the value of social service work in all its various branches? How may we best inculcate in the minds and hearts of the nurses in training the sense of responsibility in helping to educate the community in which they live and so send out at graduation serious-minded and responsible women who, by daily contact with those about them, will exert a real influence in this so-needed propaganda?

Efficiency of Management.—Under this head we should consider:

(1) How best the treatment of the charity patients may be placed on an ideal and, at the same time, a practical basis and whether this may be attained most successfully through the affidavit system, which means working from the viewpoint of justice rather than sentiment. The statement has been made that nine charity cases to every fifty beds in the hospital is the ideal as well as the successful financial ratio, but where two-thirds of all cases handled are charity, what then?

(2) Whether, in hospitals where the proportion of charity cases is very large, there are other means of increasing the support, beyond making the institution popular with all classes through its high standard of medical staff and nursing and the aforesaid education of the world at large; the attractiveness of the private rooms and pavilions, and by creating in the out-going patients a sense of interest in the well-being of the hospital that has aided them to health and a desire to work for its welfare. This is a subject on which I would ask especial help and discussion, as it comes home to us in our immediate work very closely.

(3) How best we may guard against waste and use all by-products, such as dressings not too badly soiled, for second use after sterilization; garbage, both for the fertilization of gardens where these exist, and for the maintenance of fowls, thus bringing in a return in eggs and some poultry, in place of a dead loss; how we may find the best market for all accumulated junk, old scrap iron, furniture beyond repair, out-of-date apparatus, etc.; how we may use old linens, bandages, selvages, ravelings, etc., and the most practical disposition of these, whether to factories for making paper, or to mills in the use of making rugs. Under this head, also, might come the disposition of magazines, papers, wrappings, etc., a surprising accumulation of which are found weekly even in small hospitals. No doubt in addition to the heads I have given, we shall find other sources of waste that will be brought up in this discussion by those present.

The Training School, in a nut-shell, *Cherche la femme*, how may we show that the high standard of the training school, and hence of the hospital, depends on the direct supervision of a capable conscientious head, aided by a sufficient number of loyal, industrious and enthusiastic assistants, working with an efficient staff? The burden upon the superintendent in the small hospital is a heavy one, feeling as she needs must, a personal interest in every nurse, that she may be fully equipped to compete with those trained in larger schools, for advanced methods require much additional teaching, and the obtaining of the needed assistants and teachers is most difficult. This is due, no doubt, largely, to the fact that they can seldom specialize, but must be adaptable and are required to fit into any place in the institution where most needed. It is also almost impossible to obtain inspiring speakers, however fully equipped with the knowledge they would impart.

How may we show that the efficiency of the training school depends almost equally on the attitude and sense of responsibility of the pupils? How best impress upon them that while the superintendent of the small hospital, from the very fact that it is small, can give to them much supervision and teaching personally, yet, if this is not followed up by the pupil with sufficient interest to supplement from textbooks and the elaboration from notes (thus fixing thoughts obtained from lectures, and incorporating them in their daily work and observation) then the efforts of the superintendent become, in result, merely sketchy and neither lasting in effect nor fully understood? In the small training school much time can be spent in the development of the pupil's character, an advantage of individual influence in each case, which is not and cannot be true in large institutions, where the

class work must become more or less mechanical. But, after all, is not our greatest problem how to instill the spirit of service, of enthusiasm and a desire for knowledge combined with efficiency?

As a last aspect of this matter of the training of nurses, I take up the question of recreation, a hard one when the hospital is located in the small town, without the advantages of the large public library, the Young Women's Christian Association and other means of leaving for a while the atmosphere of hospital work and the talk of shop. What can be done to broaden the lives of these young women, so that when the training as a nurse is finished, they may have gained that most valuable asset, the ability to find many interests in the world about them, and in so doing, add to the work to which they have devoted themselves the gift of a developed personality? Is not here, again, an opportunity to call upon the community to realize that they have an opportunity? The gift of victrolas, pianos, magazines, tennis courts and the making it possible for these women to be eligible to the woman's clubs are certainly aids in this matter.

THE EDUCATIONAL PROBLEM OF THE SMALL HOSPITAL

By CLARIBEL WHEELER

The education of the student nurse in the small hospital school of nursing is one of the most serious problems confronting nurse educators today. The harrassed principals of these schools are crying out to be relieved of a burden which is fast becoming too heavy to bear. How long are we to countenance the present system which is so taxing the health of our student nurses? Is there no way in which pupils from both large and small hospitals may receive their theoretical training together, and before they take their practical work?

Before discussing the needs of the small hospital school, I should like to bring to your attention a few facts concerning small hospitals conducting nurse training schools. In 1911, Miss Nutting reported 1,048 hospitals in the United States (not including hospitals for the treatment of nervous and mental diseases), which were maintaining schools of nursing. Of the 1,048 reported, 181 were hospitals of fifty to sixty beds, 335 were hospitals of less than fifty beds, 48 of the last group being hospitals of less than twenty beds. This shows 50 per cent of our schools of nursing connected with hospitals of sixty beds and less. The small hospital is not confined to any particular locality, but is found in all parts of the United States. Registration laws have, of course, as shown in Miss Wheeler's report of 1916, diminished the number of small hospitals conducting training schools.

The small hospital is a factor which cannot be ignored. It meets a definite need in the community, and has without question come to stay. Its patients must receive nursing care. It is impossible, as well as inadvisable, to send all sick people to large hospitals. The large city institutions are already over-crowded, besides the small hospital offers many advantages to the patient which the large hospital cannot give. The pupil trained in the small hospital receives closer supervision and is more likely to be particular about minor details and to be much more human than the pupil from the larger hospital. As the small hospital can contribute some things which the large one cannot give, is it not advisable that there be coöperation between the city and the country, between the large hospital and the small hospital, so that the same professional education may be given to pupils from both?

Let us look for a moment at the school connected with a small hospital. The sole purpose in establishing such a school is to provide nursing care for the patients at the least possible expense to the hospital. Some of these hospitals are fortunate in having a board of trustees or a training school committee whose members are interested in the school as a school, and are willing to provide instructors and facilities for proper teaching of pupil nurses. Often these schools are not so fortunate, and there is little provision for the theoretical education of the nurse. The superintendent of the hospital is often principal of the school, the burden of much of the teaching falling upon her, with perhaps the help of an assistant, who usually teaches the practical work. She is often dependent upon her kind-hearted medical staff for lectures and class work. This is unsatisfactory, not because of any unwillingness on the part of these men who give their services, but on account of the uncertainty as to their time. In many of these schools there is a deplorable lack of class rooms, demonstration rooms, and laboratories, and frequently no space for providing them.

It is very difficult at the present time to secure trained instructors for the large schools, to say nothing of procuring them for the smaller ones. If we are to standardize our schools, is it not highly important that only women especially trained should be considered qualified to teach student nurses?

Affiliation has been held out as a means of settling some of these difficulties. The advantages of affiliation cannot be overestimated. The affiliation of a small country school with a large city school is an excellent thing for the student nurse. It not only rounds out her practical experience as nothing else can do but it broadens her view point as well. I am not so sure, however, that it would not be just as advan-

tageous for the student from the large school to have a period of training in a small hospital. Is it not true that the greatest advantage of affiliation is in the opportunity it provides for practical experience? Does it not in many instances give great opportunity for theoretical work? Is it not a fact that the pupil is often seriously handicapped by having to leave her home school in the midst of her class work to go to the affiliated school for special training? This is especially true when the two schools are not in the same city, as is often the case. We cannot truly say, therefore, that affiliation does solve the educational problem for the small schools.

Let us consider the possibility of a central school. I think the central school has been in our minds for a long time, but we have thought of it in a vague sort of way as something very far in the future. I see it now as something near at hand. We have thought of it, usually, as being connected with a hospital. I see it as entirely separate from any hospital. The hospital has always been first in our vision. May I ask, does the young man entering medical college think first of the hospital where he is to receive his internship? No, his first consideration is of the best medical school that he can possibly find.

Let us then put aside the thought of the hospital, and consider a central school for nurse students. If we are to be a profession, then our schools should take their place with other professional schools, that is, connected with universities throughout the country. The dentists, pharmacists, engineers and other professions are there. Are we asking too much to be placed there also? The nursing profession has grown from a great, human, social, and economic need. It has not been created by either hospital authorities or the medical profession. It seems to me that it has reached the period in its growth when it is able to stand upon its own feet.

Central university schools will undoubtedly solve this very difficult problem of theoretical training for both large and small hospitals. Some of the advantages of such a system are as follows: (1) It would provide a uniform system of education for all schools of nursing. (2) It would appeal to the kind of young women who are qualified to become professional nurses, as it will place the nursing profession on the plane with other professions. It will also appeal to them more than our present system because long hours of study will not be combined with long hours of physical work. This is one of the greatest objections that intelligent young women have to our schools, and one of the best reasons why more do not enter the profession. (4) It would provide teaching facilities, such as class rooms, laboratories, libraries, etc., which could not be obtained in any other way. (5) The qualified

professional instructor would take the place of the non-professional instructor of our present system. (6) It would make hospitals, laboratories where the student nurse would receive her practical training. This could be taken in small hospitals and in special hospitals as well as in large hospitals. (7) State registration would not be as difficult under this system. (8) Central university schools would be able to give post-graduate work, similar to that now given at Teachers College, for students wishing to specialize in certain branches of work. It would be presumptuous to say that in establishing central schools of nursing there would not be many difficulties to meet, many obstacles to overcome, many problems to solve. One of the first questions to be raised would be: "How are we to nurse our patients in the hospitals?" First, by employing graduate nurses as head nurses, private floor nurses, night nurses, etc. Second, by the use of the ward helper, trained attendant, or whatever she is to be called, to perform some of the work heretofore done by student nurses. Florence Nightingale recognized the need for two classes of hospital workers. This woman is not to be confused with the ward-maid type, but should be a woman of much higher intelligence, faithful, loyal, and possessed with a desire for caring for the sick, though not having the education and other qualifications necessary for the professional nurse. She may be found in many schools today. I have seen her struggling bravely to master her theoretical work, which was entirely over her head, yet her practical work was above criticism. Let me emphasize this fact, she is already in our schools, let us train her and give her a place, but why insist that she become a trained professional nurse? The system which has placed refined educated girls in the same mold with the grammar school girl or the one-year high school girl, and has expected them to come out the same product, has miserably failed. Each has a place, one equally as honorable as the other, but is it reasonable to expect that the same process of education can be used for both with satisfactory results?

Several schools of nursing are already connected with universities, and it is doubtful if there would be great difficulty in securing the co-operation of the university. If this should happen, central schools might be established independently, providing the proper people could be reached, and a sufficient endowment raised. A plan for such a central school is to be presented in another paper, consequently, I shall not attempt to discuss it here.

My purpose has been to emphasize the need for central university schools with hospitals used as laboratories for practical work and public health centers for field work; also to emphasize the fact that the same

theoretical training must be given to all student nurses who are to become professional nurses. This is essential if we desire a uniform standard, and if we wish to be classed with other professions. I realize that this change cannot be brought about at once, that the doing of it is fraught with many difficulties, but I do seriously believe that the university is the only logical place for central schools, consequently if it is right, it is worth striving to attain.

HOW CAN THE SMALL HOSPITAL TRAIN PUPILS TOWARD PUBLIC HEALTH NURSING?

By MARY S. GARDNER, R.N.

The beginning of the twentieth century (1901) found about one hundred and thirty nurses engaged in public health nursing in the United States. The year 1917 finds over six thousand. This phenomenal growth of public health nursing work lays a heavy responsibility not only on those actually engaged in that field, but also on those responsible for nursing education.

In the earlier days of the public health nursing movement, this responsibility of the training schools was easily met. "Give us," cried the visiting nurse associations, "a nurse skilled in the care of the sick, accustomed to dealing with the medical profession, and with a right personality, and we will ask nothing more from you." The cry now is a very different one. "Give us," say the multitudinous agencies engaged in public health nursing, "a nurse who has added to her knowledge of the care of the sick and her understanding of professional etiquette, a knowledge of how to teach the well to avoid illness, how to deal with boards of managers, how to speak in public, one who understands the social causes of sickness, the elements of urban and rural sanitation, and the many reactions of city life upon health problems, a woman who can march shoulder to shoulder with other reformers and social workers in the general effort to secure right conditions. That she must be a woman of professional ability goes without saying, but she must also be a woman of initiative, who so well understands the science of coöperation that she will make no false steps in the delicate adjustment of her work to that of others."

The response of the training schools to the earlier plea for a nurse skilled in the care of the sick was a ready one. "We have such a nurse as you require," they said; "for three years we have carefully prepared her to care for the sick, to work with doctors, and to so develop her personal character as to meet your need." To the later plea, the re-

sponse is as different as the demand. "We have no such nurse," is the reply. "We do not teach diseases considered as community problems, or the science of sanitation, either rural or urban. Our nurses know nothing of boards of managers, public speaking or coöperation with other agencies. How should they? And as for leadership and initiative, should we not have chaos in our hospitals if we tried too vigorously to instill these attributes into our young undergraduate nurses?"

The least thoughtful must recognize the great difficulties of the training school superintendent, obliged to meet a constantly increasing educational demand created by changing conditions, and obliged at the same time to provide for the care of the sick in the hospital by her student body, backed often by a directorate not primarily interested in educational matters, and not infrequently with little knowledge of them. History will do full justice to the hundreds of women who have so nobly met this situation, and who in the face of almost impossible difficulties, have steadily raised the standard of nursing education to where it stands today. Far be it from those who have a simpler task to wantonly add one new and unnecessary burden.

The question as to whether the training school should be responsible for the specialized education of the public health nurse is answered in three ways. Many feel that the training school fulfils its educational obligation by fitting the nurse to care for the sick, as the college gives a general education, and that specialized training such as public health nursing ought rightly to be obtained by the student after graduation, as the graduate of a college, no matter how well-equipped, expects to enter a law or medical school if he is to be a lawyer or a doctor. Those advocating another point of view feel that a woman who has paid for her training as the pupil nurse does by so many hours of work, ought not to be expected to enter upon another period of training on graduation, if she wishes to enter the field of public health nursing. A third group takes a middle course and feels that while it is impossible for the hospitals to make adequate provision for public health training, the pupils should receive before graduation a certain insight, both theoretical and practical, into this branch of nursing. It is unnecessary in this discussion to enter into the pros and cons of these different points of view. Granted that it is thought desirable to give some measure of training in public health nursing to undergraduate nurses, how shall this be done, and how particularly shall it be done in smaller hospitals?

All nursing education divides in itself into two parts, the theoretical and the practical. Let us first consider the question of theoretical instruction.

Last year the Committee on Public Health Nursing Education of the National Organization for Public Health Nursing made certain valuable suggestions with a view to giving to pupil nurses, not an adequate training in public health nursing, but some insight into subjects connected with community health and the social causes of illness. It was proposed that early in the nurse's first year a slight turn be given to her mental attitude by a course of five lectures on sickness as a social problem, and also by a few days spent in the social service department of her hospital, or with a local visiting nurse association, in order that the home conditions of hospital patients might be visualized.

In the second year, it was proposed that the usual lectures given on the physical aspects of the various diseases, be supplemented by others dealing with tuberculosis, venereal diseases, mental diseases, etc., in their relation, not to the individual, but to the community.

In the third year, the committee recommended a series of, perhaps, fifteen lectures, five on the special branches of public health nursing, and ten on such modern problems as labor conditions, immigration, housing, prostitution, etc.

For the hospital, large or small, situated in a city or in a town where well-developed social agencies exist, it will not be so very difficult to obtain lectures. Better courses by better people can, however, be asked for if the group to be addressed is a large one. It may, therefore, be suggested that the various schools affiliate for such a course, the classes meeting in a common lecture room for the lectures. Such an experiment has already been tried in this very city, Philadelphia, during the past year, no less than fifty-five training schools uniting in the affiliation. For the training school situated in an isolated locality no such arrangement may be possible. If good lecturers cannot be obtained, the superintendent of nurses will have to add one more duty to her already well-filled routine. Unless, however, she has had some experience in public health nursing, she will do well to provide herself with the carefully written lectures prepared by the League for Nursing Education on these subjects. These "canned courses," as they have been called, are of course not nearly as pleasant to the taste as the fresher fruit of personal experience, but they make an excellent substitute where lecturers are hard to secure, and can be supplemented when possible by single lectures or courses from the nurse lecturers and teachers who are beginning to offer courses and classes on specialized subjects on a business basis. So much for the theoretical part of public health instruction.

The practical training is at once simpler and more complex to arrange for. This may be given through affiliation with a local visit-

ing nurse association, or it may be given directly by the training school itself. If given by the training school, special supervision by a trained public health nurse must be provided. If given through affiliation, the expense to the hospital may be reckoned as the exact amount of the maintenance in the training school of a nurse who is wholly unremunerative to the hospital. If more than one nurse is sent out at a time, the amount will naturally be correspondingly increased. If the training school itself undertakes the training, the cost of supervision must be added, also the cost of transportation, outdoor uniforms, bag, supplies and record cards. The advantage of the affiliation method is much more far-reaching than in the mere matter of expense. Better and more standardized methods are usually taught by an organization whose sole object is the knowledge and use of such methods, and the public is better served through unification of the work. If, therefore, a local visiting nurse association exists, the first step should be an effort toward affiliation with it. Just here the training school should exercise a power not always made use of. The training school stands primarily as an educational body, which the public health nursing association does not. Let the training school therefore be very insistent in its demands for a proper supervision for its pupils. None know better than experienced public health nurses how often the use of pupil nurses has been abused by visiting nurse associations, not wantonly, but through ignorance. The Board of Managers of a visiting nurse association is rarely versed in matters of education, and too often driven by the rapid growth of its work to the necessity of securing more nurses, it has thoughtlessly allowed the exploitation of the pupil nurse for the work to be obtained from her, giving in return no *quid pro quo* in the way of training. Most visiting nurse superintendents will gladly welcome the aid of the training school superintendent in making plain to her board the responsibility involved in the taking of pupils.

The size of the visiting nurse association need make no difference, provided pupil nurses are not taken in undue proportion to those who are to teach them. The training school should, however, inform itself in regard to the ability as well as the willingness of the staff nurse or nurses to teach and should make very specific demands in this respect. Pupils should be returned to their hospitals for all classes and lectures, as it is rarely possible to arrange the training school curriculum so that this is not necessary. No pupil should be sent out early in her training. The third year is generally conceded to be the best, because the pupil should be thoroughly grounded in nursing technique before she is expected to make such modifications as are often necessary in the

homes of the poor. Written reports should be sent to the superintendent of the training school at the termination of the pupil's period of training.

Twelve years of experience of affiliation between a visiting nurse association and hospital training schools, which happen to have been both large and small, lead the writer to the conclusion that practical training in public health nursing is alike desirable for the hospital, the individual training school, the pupil, the visiting nurse association, the local community, and the general cause of public health nursing. The hospital gains from the better understanding of its function, spread broadcast through the community, and also by the more sympathetic care of its patients induced by a clearer insight into the home conditions of the poor. The training school gains by the broadening of its curriculum, which helps it to graduate better educated women. The pupil gains in a knowledge of social and physical conditions which the hospital cannot teach her, and her interest is awakened in one of the important branches of nursing which later she may wish to take up. The affiliated visiting nurse association gains by the fresh and eager interest brought to it by the advent of each new pupil. It gains in that its staff is stimulated by the necessity of teaching. It gains by the close bond with the hospital and training school. It gains in the ease with which its application list is kept up, and its knowledge of the work and character of applicants. It also gains in the practical detail of the work accomplished by the pupil. The community gains from all these facts in that it is on the whole better served. The cause of public health nursing gains principally from the awakened interest of the student nurse, early in her career, and also indirectly from each of the foregoing arguments in favor of undergraduate training or partial training.

To sum up, the small hospital as well as the large can give to its pupils a certain amount of theoretical instruction on public health subjects by means of lectures arranged to supplement other theoretical instruction. These courses may be given by affiliation with other schools, or if the hospital is situated in an isolated locality, by means of lectures prepared for such use. Practical training should only be undertaken under favorable conditions, where exploitation of the pupil for the work to be obtained from her is duly guarded against. If the training school itself gives practical training, it should be done under a trained public health nurse who is giving her entire time to such instructive work. It is preferably given through affiliation with a local visiting nurse association. If by the latter means, the training school should demand for its pupils instruction in modern and stand-

ardized methods of work, continuous systematic educative supervision, fair hours of work, prompt and regular return to the hospital for all lectures and classes, and reports of progress at the close of the training period. Failing such arrangements, practical training should not be undertaken.

FRIDAY EVENING SESSION, APRIL 27, ACADEMY OF MUSIC

Subject: Health Insurance, Charles Hatfield, M.D., presiding.

WHAT WILL HEALTH INSURANCE DO FOR THE AMERICAN CITIZEN?

By MILES M. DAWSON

If public health insurance is to be instituted, it must of course be because it will benefit our citizens; upon no other ground can it be deemed desirable. For the purpose of considering this matter, citizens may be thought of, according to six different outlooks upon the subject, viz.: employees, contributing and also entitled to benefits; dependents of these employees; employers, contributing; all citizens, contributing through the state; physicians, serving under the plan; nurses, serving under the plan. In this order, therefore, I will consider how public health insurance affects citizens coming within these categories. These are not classes with fixed lines of demarcation, it should be observed; for "all citizens, contributing through the state" comprise all who are named in the other categories, employees in one capacity are often employers (as of domestic servants) in another, and *pari passu*, employers are often employees in another capacity, physicians are often, even usually, employers and sometimes employees, and nurses as employees would be covered by the protection of the insurance. But while no hard and fast lines constitute these into classes, the way public health insurance affects citizens, may be considered from the separate aspects exhibited by these categories.

First, then, how are employees who are protected by the public health insurance, affected by it? They are, first and foremost, the chief beneficiaries of public health insurance. When they become disabled, their medical care, medicines and nursing are provided and two-thirds of their wages paid; even when not disabled, if ailing, they are entitled to medical care and medicines. If defective, as in vision or by being crippled, they are provided what is required, such as glasses, crutches, artificial limbs, etc. This, also, becomes a matter of right, not charity. The right to benefit is not lost by a change of employer

or of occupation or of location, if within the state, or even by unemployment during which the insurance continues for a certain time without contribution and may be continued beyond that, voluntarily, by contributing. No medical examination is required to secure it; it attaches at once through the mere fact of being employed. It is the employee's best friend, coming to his assistance precisely when the burden of expense is heaviest and his earnings are cut off. It prevents the pauperization of himself and family through the misfortune of sickness; the Association for the Improvement of the Condition of the Poor reports that 96 per cent of the demands upon it are due to sickness. It saves him from the necessity of continuing at work when physically unable, and from being compelled to return to work before really fit. It gives him the best service, when sick, with no demands then or thereafter upon his pocketbook, instead of poor service at a high price, as at present. It preserves his independence and manhood by preventing his being crushed by the cruelest of misfortunes, sickness and poverty, and by giving him a justified sense of security for himself and his family.

As he and his fellows have an equal voice, through their elected representatives, with employers in the management of the funds, he is sure of fair treatment at all times. He is freed from the necessity, fancied or real, for resorting to patent medicines or to dispensaries on a charity basis, for the treatment of himself or members of his family; for adequate medical treatment of his family as well as of himself, is guaranteed. All of this he secures for two-fifths of its actual cost, administered through a fund managed by a board, composed one-half of representatives elected by employees and one-half representatives elected by employers, who contribute two-fifths, and supervised by the state which contributes one-fifth. The result is a minimum of expense of management (about 6 per cent or 7 per cent of the receipts) and a minimum of efficient service. Without public health insurance, he cannot secure this protection at all. All insurance which is open to him (except sometimes in trade unions or in mutual aid funds of some establishments) is certain to supply but poor benefits, and for a short period only, no medical service or worse than none, and without the right to continue the insurance unless the company wishes to; moreover, the expenses are high, averaging from 60 per cent to 70 per cent of the receipts.

Moreover, public health insurance is automatic; so long as he is employed, his contributions are sure to be paid, and his insurance to be kept in force, for the employer must pay both his own contribution and that of each employee, deducting the latter from wages. Public

health insurance keeps him fit and therefore more steadily employed and able to command higher wages. It also lengthens his life, increasing the average lifetime by many years.

The dependents of employees are advantaged by the support of such employees when disabled, and their medical and nursing care, thus greatly relieving the crushing responsibilities of the wife and mother at such a time and the serious, often ruinous, financial pressure. It keeps the wife and mother or the child that needs schooling from being driven out of the home to struggle for a living, owing to the sickness of the bread-winner. To these dependents, when themselves sick, it affords medical treatment, medicines and nursing, as required.

The advantages to employers, as employers, are many. It gives them employees better fitted to perform their work; it keeps these alive longer, years longer, to do this work, years when they are expert in doing it. It prevents constant pleas for charity, demoralizing the employees and their families, but constantly expensive to employers both through their individual generousities and also through taxes to support public charities. It is fair, also, that they should contribute. A large part of the cost is due to sickness caused by the employment and by the poor housing, poor food, bad sanitation and the like which accompany employments, especially when at low wages. How large a proportion this really averages cannot certainly be told, but that it is considerable is shown by this: Dr. S. N. Warren, of the United States Public Service, estimates the loss of time of American workmen through sickness at nine days per annum; the statistics of time lost by sickness by government clerks in Washington, well-paid and not exposed to occupation hazards, was four and five-eighths days per annum or about half the time lost by workmen.

A contribution by employers equal to that of their employees is indicated, therefore. Such a contribution should be required, also, for the following reasons:

1. Employers, both as such and as most influential members of the community, can do more than others to reduce sickness. When they contribute, their efficient coöperation can be counted on.
2. The contributions of employers, while falling on them in the first instance, for the most part are included in the prices of the products or services they furnish, and are ultimately paid by the consumer. Occupation sickness and sickness due to bad wage conditions should be so paid for.
3. The participation in the management of employers though their representatives is most desirable, in order to assure fairness to all parties, to secure the benefits of business judgment, to make the plan

really public, and, by no means the least important, to cause trusted representatives of employers and employees to sit together in weekly meetings at which business in which both are financially interested, is dispatched. It is the experience everywhere that this makes for good mutual understanding and for industrial peace, by encouraging patient negotiation in lieu of strike or lockout.

The advantages to all citizens, as such, are very great. Relief from the most urgent distress of a large part of the population, by providing both means of cure and support during illness, prevents pauperism and encourages real independence. The intensive study of causes of disease, thus rendered possible, makes the road to wise prevention clear, and while this may not modify the average number of days lost per annum, because counter-influences are at work, such as causing sick men to quit work earlier and resume work later, it always markedly increases the average duration of human life.

This prevention, also, does not stop with employees and the families who are the direct beneficiaries of the system. It is literally true, as has been said, that no one is secure "while pestilence mows down the poor." Better housing among employees and their families means greater safety for every community.

There is also the advantage of a larger and better output, due to greater average energy and to greatly lengthened average life-time, the latter in turn meaning a larger proportion of bread-winners to dependents, because the adults are "saved alive" longer. This means better standards of living, better trade and a larger measure of general prosperity.

Everything which makes for the just settlement of industrial disputes and thereby for industrial peace is also highly advantageous to the people at large.

The coöperation, along democratic, representative lines, of employers and employees in the management of these funds is also highly advantageous for all citizens, demonstrating the feasibility, by means of electorates limited to those immediately interested, of extending indefinitely democratic control of activities that are essentially public.

Physicians, of course, know at once that they are greatly interested and are only anxious that the change be to their advantage. Concerning that, there is much difference of opinion, due, as I conceive it, to two things: First, a feeling of uncertainty as to just how it affects physicians; second, a desire to get as great an advantage out of it as possible.

Public health insurance, properly conceived and carried out is not revolutionary as regards the physician's function or remuneration.

Its advantages to the physician over the present system, or no system, are in part as follows:

First, as regards the efficiency of his work, it causes him to be called earlier, consulted more frequently, heeded more closely and given greater and freer opportunities to heal. It also enables him to utilize without either pauperizing the patient by dispensary treatment, or imposing the payment of excessive fees upon him, specialists, if that is necessary.

Second, as regards competition, it removes most effectively both dispensary and patent medicines, since employees become entitled to medical treatment and medicines through insurance.

Third, as regards compensation, it renders its collection from the funds prompt and certain and it leaves what the compensation shall be to the determination of the profession and the funds, jointly, which will of course assure liberal, though, it is to be hoped, not excessive, competition for the actual work done.

Fourth, as regards methods of employment, a "panel" system is provided, i.e., a list of physicians who offer to treat such employees at the agreed-upon rate of compensation, among whom the insured have free choice; but there is also provision for contracts with hospitals, associations of physicians or individual physicians by the month or year, all being subject to supervision by a local medical board under rules approved by a state board.

Under such a system, the medical profession is able to take care of its interests, both from the standpoint of successful treatment and from that of due compensation for services.

Nurses have not, in other countries, been included by express mention in the public health insurance, although they have, of course, participated in hospital and sanatorium treatment. The extension of visiting and public health nursing in this country caused nursing service, chiefly visiting, of course, to be introduced in the laws proposed here. With that has also gone recognition of the state associations of nurses in providing an advisory board to formulate nursing rules. The advantages to nurses are many, among which may be mentioned, (a) the great extension of their opportunities for service, (b) the improved organization of their service, (c) the much better compensation for attendance in families of the economic class affected, owing to such organization, and (d) the direct protection afforded them, viz., medical treatment, medicines, appliances, hospital treatment if needed, and two-thirds salary while disabled, all secured by a contribution of about 1.6 per cent of earnings, or say, 45 cents a week when fully employed at \$28.00 a week, benefits which will actu-

ally cost an average of \$1.12 a week, the remainder being covered by the employer's contribution, 45 cents, and the state's contribution, 22 cents.

The benefit to the public health, a subject in which public health nurses are naturally most interested, is naturally very great. It has already been discussed, however, save in one respect, how it affects the services of public health authorities. In this regard, public health insurance coöperates most effectually, the plan being that the supervising and inspecting physician of each sickness insurance fund shall be subject, as regards reports, to the instructions of the health authorities and shall be removable by them, upon notice, for failure or refusal to comply with such instructions. Thereby a thorough system of careful reporting can be introduced and carried out, without calling for greatly enlarged department appropriations, always the chief obstacle, and this will result in more reliable data and also in prompter advices upon which to act in emergency. It coördinates the health insurance with public health authorities in such manner as to secure the best results for both and through both.

WHAT WILL HEALTH INSURANCE MEAN TO THE INSURED?¹

By PAULINE NEWMAN

You will realize that there is a lot to be said on the question of health insurance, especially if one is to answer the question as to what it will do for the insured. I will try to answer this question as well as I can, representing my own point of view. Of course there are some people who really are apt to think that health insurance, or any other kind of social insurance, will solve the problem of the worker. In my humble opinion it will not, and it would be wrong for anyone to imagine that any reform can solve the problem of the workers. I favor health insurance, my organization,² the third largest international in the American Federation of Labor, is among the very few that favor it. Labor is divided on the question, not only of health insurance, but of social insurance. I think the reason why they have not as yet a unified opinion is because the whole question is new in America. Whether or not we have been thinking that, as free American citizens, we do not need any more reform, or whether we have been neglecting matters that concern the vast majority of the people, the fact remains that,

¹ Somewhat abridged.

² The International Garment Workers' Union.

after all, social insurance, including old-age pension, sickness insurance, unemployment insurance, has been a vague topic for most of the people. You will always find a few who are interested enough to give some time to studying these questions and to getting to some conclusion, but the majority are as yet unaware of the benefits this movement can afford them, and it is a little surprising that people who really ought to have opinions favoring a movement like that of health or social insurance are still opposed to it. It was not so very long ago that I began to think very seriously about it. When I found men like Gompers and Warren Stone, men who had time and claimed to have given time to studying it, came out and opposed the movement, especially the Health Insurance bill introduced into the New York Legislature at the last period, I was not sure of myself. I gave some time to the question, and as yet I cannot see how any man or woman with intelligence and feeling for fellow men, with an understanding of the conditions surrounding the vast majority of people, of the conditions under which they work and live, can oppose any measure like that of health insurance.

The objections from the point of view of labor are indeed interesting. They claim that labor can take care of itself. That sounds all right. Most of us would probably like nothing better than to feel and know that labor has arrived at the point where it can take care of itself, but unfortunately it is not so yet. It is a possibility that the representatives of labor speak of the organized workers. I am in the Trade Union Movement, and have been for the past ten years, but I cannot conceive of any one thinking of organized labor and speaking for labor as a whole—and for this reason; it is estimated that we have about thirty million wage-earners in this country; only a little over three millions belong to the American Federation of Labor, which means that a very small minority may be in a position to care for itself, while the great mass of unorganized workers are not in any position to look after their own sickness and their own problems. It is this great mass, this great majority of unorganized forces of low-paid workers that we must have in mind, and when we speak of social insurance and of health insurance, or of any reform for that matter, it is well to forget for the moment the organized small minority and think of the great mass of unorganized workers.

That is why my organization is in favor of health insurance and social insurance. We can take care of ourselves, but who are we? A mere hundred and fifty thousand.

Now what will health insurance do for this mass of people? Do not think that it will solve the problem of low wages and long hours.

Do not think that it will make them free citizens, free in the fullest sense of the word. Do not think that health insurance will bring the millenium to the workers. Do not think it will increase the standards of living. Do not think that they will have to think of nothing else, when health insurance is enacted in the various states. It will have no such effect, but it will, to a great extent, relieve them from distress. You, I suppose, know more than I know, according to the reports of the charitable organizations, how the workers suffer from the effect of any illness in their homes, when the little savings that some of them have go to the doctor or the drug-store or various other things. If health insurance can relieve the distress of the unorganized mass of people, we must be for it; if health insurance is going to do anything which makes for progress, no intelligent person can be opposed to it. And health insurance is neither more nor less than a step toward social responsibility. It will make the people realize they are not separate and apart from the state. If it will do for the workers anything at all, it will make them understand that the state is, in a measure at least, responsible for the welfare of its most useful members, the workers. It will make them understand that there is, after all, a connection between the state and the workers and it will also make the state realize the necessity for caring for its members and caring for those who need it most. I do not think I need to tell you anything about the misery, poverty, and wretchedness of the great majority of people. You come in contact with them as well as I. If anything can be done to cure the ills, to relieve the distress, to do away with certain burdens, or make the burden of life easier for them, we must be for it, and as health insurance is one of the movements that makes for social responsibility there is no doubt we have to support it, not only by favoring it but also by doing something to bring it about, to make it a realization rather than a dream. I venture to say that if most of us had the political power, many states would have had insurance by this time.

It is a hopeful movement because it moves. When a movement is beginning to be criticized, when it is opposed, it is one of the best signs that the movement is going to succeed. Health insurance has opposition, from employers, from labor, from medical associations. I have yet to hear that nurses are opposed to it, and there may be a good reason for that. You know conditions because you are not observers only, you come in contact with them, you are doers and not observers only.

When the health insurance movement began in New York there were very few people, as far as labor is concerned, to take an interest in it. One bill was introduced two years ago, and I did not like the

bill. Mr Dawson remembers it. I came there to oppose it in the name of my organization and for one reason only; it did not have a maternity benefit clause in it. On this question, too, there is a division of opinion. People are opposed to maternity insurance because they claim that the married working woman is not an American tradition. It sounds excellent. It is a high-sounding phrase, and it feels fine for anyone who utters it for the first time. The married working woman is not an American tradition. But you know, and I know, that facts are facts, and there are thousands and thousands of married working women. It may not be an American tradition but it is a fact, and what are you going to do about it? It is here. I do not believe for one moment that those married women who work wanted to become an American tradition. Reports that I have studied show that whether or not we know it or approve of it, American married women do work, and that the conditions under which they work are by no means better than those under which girls work. I know that in most cases a married woman works for a lower wage, she has to. She has to accept any job, because she must contribute. What is the use of using lovely phrases when they express a fancy and not a fact? Inasmuch as there are married women working, you have to consider maternity benefit. This year the bill contained a maternity benefit clause. There has been a sentiment for leaving it out and now there is a stronger sentiment for having it in, and now we have it in. So we find that wherever a movement which is to serve the great mass of people is first criticized and opposed it is sure to grow, and health insurance like any other movement in the history of the world has its opposition, but it is growing, and growing tremendously. The fact that you are devoting a whole session of your Convention to it, shows that it is growing.

WHY DOCTORS AND NURSES SHOULD PREPARE THEMSELVES FOR THEIR RESPONSIBILITIES
UNDER SUCH AN ACT

By I. M. RUBINOW, M.D.

The grave crisis in international affairs which confronts the American people at the moment will undoubtedly place heavy responsibilities upon the nursing and medical profession and it is but natural that the very live interest displayed by these professions in the subject of health insurance should have subsided. It is well to remember, however, that no matter how grave, the crisis must be temporary only

and that civilized humanity, notwithstanding the evidence of the last three years to the contrary, cannot afford to make the business of destruction of life its permanent occupation. The day must come, and that soon, when again we can devote our energies to our social duty of preservation of human happiness and life. When that day comes, it seems to me a brief experience of war may have a very useful lesson to teach us. The professions of medicines and nursing will not be found wanting in proper care of American lives, injured by the enemies' iron and steel. If it shall not approach that sacred duty from a point of view of personal gain, it will show an equally broad social spirit in handling a very much bigger problem of the health of millions of American workers in peaceful times, threatened as these are by our own iron and steel, and unhygienic factories, unhygienic tenements, insufficient earnings and all the numerous other causes responsible for excessive sickness among our wage workers.

If I were to look for a motto for my brief discussion, I could select none better than the following two statements, one by Dr. Rupert Blue, Surgeon-General of the United States Public Health Service, and President of the American Medical Association—"Health Insurance is the next great step in social legislation," and the second by Professor Irving Fisher of Yale University, perhaps the greatest leader in the health conservation movement in this country, "There is no other measure now before the public which equals the power of health insurance towards social regeneration."

It is quite true, as has already been emphasized in most medical discussions on the subject, that physicians and nurses have a professional or trade interest in the legislation proposed, an altogether legitimate interest of course, which concerns perhaps 150,000 physicians and 100,000 nurses, an interest which must be protected in a legitimate way, as I shall presently indicate. Nevertheless, and notwithstanding extreme statements to the contrary, I shall not assume for a moment, I shall not insult the profession by assuming, that they will approach this tremendous social movement primarily with the thought, How much are we going to get out of it? For just as much as the individual patient with touching confidence places his health and life in the hands of his physician and his nurse, so must the American people entrust the care of their lives to its entire medical profession, and I am sure it will not prove unworthy of this trust.

Certain opposition of health insurance has already developed within a branch of the medical profession, as inevitably opposition must develop to any broad proposal for a substantial change in the relations of a profession to humanity at large. It is claimed that conditions

are all right as they are, and therefore no change is necessary. Is that claim justified? Are the conditions under which a large proportion of our population is receiving, must receive, its medical aid, altogether satisfactory? Of course there are conspicuous successes in medical practice, side by side with less conspicuous but perhaps more numerous failures, of course on the whole the more energetic and more efficient have a better chance of success, for after all, in these relations the medical profession has developed on the same line as all other occupations, and it is easy to assume that things must be as they are and no radical change is necessary. But after all, does not the practice of medicine have a peculiar social importance that puts it aside from most other occupations? The failure to utilize the theatrical profession, for instance, to its fullest capacity, may be an economic and aesthetical loss, but the failure to utilize our medical facilities, the presence within our midst of even one man, woman or child who must suffer ill health for lack of medical aid while there are thousands of physicians with idle hours on their hands, in no less than a grave social crime. Doubly grave because this country possesses proportionately more medical facilities than any other country in the world and is as yet unable to claim either the most adequate provision for medical care of its population or the best health conditions in the world.

There are some very interesting conclusions in regard to the medical profession which are not generally known and which have been recently brought out in a study of the statistics of the medical profession, prepared by the Committee of the American Medical Association with which I have the honor to be connected. Who has not heard the common complaint that there are too many doctors, that the profession is being more and more overcrowded, and that therefore to the rank and file, the chances of success are far from bright? And yet it is a statistical fact that since 1850, the proportion of physicians to population has remained about the same, one to every six hundred, and that within the last ten years or so that proportion has actually been declining. During the same years many new avenues of demand for expert medical work have been opened. We need more doctors, not less, than fifty years ago, because we have learned to appreciate more the advantages of early treatment. We need more doctors because we have learned better ways of handling chronic disease, because we need large numbers of physicians for purposes of medical inspection, because we need their careful work in thousands of laboratories, and so on and so forth. And yet, notwithstanding all this increased demand, notwithstanding a constantly decreasing supply, there are still physicians who must face economic struggle, there are

still physicians who have not enough to do. And why? What is the answer to this peculiar paradox? Just this: there are millions of ill people who cannot afford to buy the necessary medical aid, millions who though they are self-respecting, self-supporting, wage workers are forced to become applicants for charitable medical aid and are thus technically paupers, millions who because they are too poor to pay, and perhaps too proud to beg, go without medical aid at all.

These statements, my friends, are not oratorical exaggerations, they are statements supported by careful statistical investigations. In New York City alone, a million and a quarter patients have paid nearly 5,000,000 visits to the dispensaries in one year. Investigations in Rochester, New York; in Boston, Massachusetts; and in several other communities have indicated that from 25 per cent to 40 per cent of all wage workers who are sick go without medical help. And there must be some relationship between these facts and the recognized alarming increase in the death rate of the middle aged in this country, such as is not observed in other civilized countries.

As to facilities for nursing aid, is there a single nurse who doesn't know that outside of hospitals she is still a luxury, and that the poor sick are practically forced to occupy, perhaps unnecessarily, hospital facilities for no other reason than that it is the only way in which they can obtain proper nursing?

Now as far as medical aid in all its branches is concerned what does health insurance aim to accomplish? It aims to mobilize, on one hand, the combined resources of the millions of wage workers, the resources of industry, the resources of organized society, so that when thus distributed, the cost of sufficient and efficient medical aid shall not be prohibitive to the suffering millions. And on the other hand, it aims to mobilize our medical resources so that entering the profession should not be a speculation, so that there should not be idle physicians side by side with those who break down under the burden of their popularity. The detail provisions of the health insurance bill may be innumerable, but its broad purposes are as stated and the medical and nursing profession cannot afford but to give their enthusiastic support to them.

Not for a moment do I, however, intend to disregard these important details. Like a triple-layer-cake, health insurance may be spoiled in the making. The profession must be as critical of details as it must be enthusiastic in its support of the general principles. Time will not permit me to go into an extensive discussion of all these details tonight. The more reason why, in the language of the title of my address, doctors and nurses should understand and prepare them-

selves for their responsibilities under such an act. An enormous literature has already sprung up on the subject, both in the lay and medical press. A timely warning, however, is necessary to separate the wheat from the chaff, not to accept at its face value that literature which emanates from business concerns which fear any interference with their profit-making business in the field of health insurance.

Only a few conditions may be emphasized at this time, conditions essential to protect the interest of the patient as well as the physician and nurse.

1. The provisions for medical aid must be ample, in fact they must be complete. There is no half-way measure of medical aid. The grave error of the English system of providing only the advice of the ordinary practitioner and failing to provide a laboratory, a surgeon, a specialist, a hospital, and a nurse, should not be tolerated.

2. The conditions under which medical aid is received must be dignified and attractive, otherwise the greatest importance of health insurance, that of teaching the masses the advantage of early and frequent application for medical advice, will not be accomplished. That means a reasonably free choice of the physician by the patient, for the human element between physician and patient must not be destroyed.

3. The dignity and economic interest of the nursing and medical profession must be protected. Only a fairly prosperous profession will attract the necessary ability, only a fairly prosperous physician can give his best to his work. That means that cut-throat competition of physicians must as far as possible be prevented; that means that the physician must also have a feeling that he has been called in by free choice of his patient; that means that he must have the right to reject a patient who is unsympathetic to him, that he must not be harnessed to the individual patient nor to the insurance organization that employs him. And that means, further, that he must have professional representation in the administration of the whole plan and a representation that will protect his legitimate interests while at the same time it creates a professional and competent control.

These are the essential principles upon which the medical profession must insist. It so happens, however, that all these principles have already been embodied in the health insurance bills introduced in several of our state legislatures this year. As a member of the Committee that is responsible for its drafting, I do not want to take the attitude that the work has been perfect and cannot be improved upon, I want, however, to claim for the Committee thorough honesty of purpose. Thorough discussion and study may suggest further

amendments. The more objectionable, it seems to me (and in saying this I am speaking for myself and not for the Committee of the American Medical Association) is the action taken by a few medical organizations in opposing, not only the so-called Mills Bill, but even the organization of state commissions for the study of the subject. No just cause has suffered from a careful study and no unjust cause has ever been furthered by such study. Commissions have already been at work in Massachusetts and California, they have given us a wealth of very important material, very recently a commission has been provided for by the legislature of the state of Ohio, bills for similar commissions are still before legislatures of many other states. The greatest service that the medical and nursing professions can at present render to the cause of health insurance, as well as to the interests of their own profession, is in supporting the movement of such investigating commissions.

In this movement the approval of 150,000 physicians, and in an increasing number of states, the approval of even 100,000 nurses, will have more than a sentimental value. On such commissions the professions of medicine and nursing should be represented. These commissions will accomplish, not only investigation, but also education, and perhaps only through them can the prejudice against the proposed legislation be rapidly broken down. May I add just one word concerning the special interest of the nursing profession? Because in the title of my paper the nurses were coupled with the doctors, as they often are in life, their interest as workers whose professional services will be needed for the scheme is not the only interest in the movement. I do not know whether your professional pride prohibits you from considering yourselves wage workers, but surely you will not object to being described as persons of modest-salary incomes. Most of you will come within the limit of one hundred dollars a month. It is sometimes claimed that the need of health insurance is not evident in the case of nurses, because they usually can obtain medical aid. It is so many years since I have given up the practice of medicine that I do not know the present standards of professional courtesy and professional ethics. I am somewhat doubtful, however, whether free professional advice always accompanies the relation of physician and nurse, and even if this exist, it is naturally limited and cannot include the general practitioner as well as the surgeon, the specialist and the hospital. The problem of a serious illness must be a serious problem to the nurses who travel from one employer to the other, week in and week out. The nurse stands, therefore, in a dual relationship to the whole health insurance movement. Both as a beneficiary and as an

agent of public health she is able to appreciate the great social value of the proposed legislation. I feel, therefore, that I am on a safe ground in bespeaking for the health insurance movement in this country the enthusiastic support of the national organizations of nurses of the United States.

DISCUSSION

Miss Newman was asked to express an opinion regarding maternity benefits for the wives of insured men.

MISS NEWMAN: It is no more than just, for the simple reason that even if a woman is not insured, experience has shown that in most cases, perhaps in nine out of ten, the husbands do not earn enough to provide for that period so that the women can rest before and after child-birth. We have to consider of course that in most cases it is not so much a question of the woman herself. When some of us speak of maternity insurance we have in mind the coming generation, we are thinking of the child.

Now whether the uninsured woman, that is, the wife that is not insured, has a right to the benefit which is contributed to by those who are not married, so that the woman who is not married and not even insured can be provided for during that period, is simply a question of serving somebody who needs our service. I would be more than willing to give up more than 1.5 per cent from my own wages, knowing it would go to some woman that she might rest for a few weeks before, and a few weeks after, confinement. This is the principle I favor, and in my humble opinion it does not entail any danger. I do not think it will be an inducement to marriage.

MISS GOODRICH: I think some of us who are interested in the question of maternity benefit understood from Mrs. Kelly that the difficulty, or danger, lay in the fact that women might be kept at work rather too late so that they might get this benefit. It was even felt that perhaps the women did not benefit so much by the money as it might appear. I would like to ask Miss Newman if she thinks there is any danger in that direction.

MISS NEWMAN: It is assumed that maternity benefit offered to gainfully employed women will induce men to send their wives into industry. What is this inducement that will prompt the husband to send his wife into the mill? Or tempt the wife to leave home and children in order to get this benefit? This is it: a woman must be insured six months before she is eligible for maternity benefit. Suppose the wages are \$9 a week; the mother would be entitled to receive but \$6 a week for two weeks before confinement and for six weeks after. Since the woman would have to pay out \$3.90 in order to receive two-thirds of what she might earn, this provision does not seem to be a very strong one to start work in a factory for the sake of the maternity benefit. Married wage-earning women are forced to enter industry regardless of whether they will be taken care of during the period of childbirth. It is the struggle for existence that does, and will, drive married women into industry, not maternity benefit.

SATURDAY MORNING SESSION, APRIL 28

A letter was read from Miss Dock, secretary of the International Council of Nurses, asking the delegates to consider inviting the Council to meet in the United States after the war is over.

The secretary read the proposed Articles of Incorporation under the District of Columbia.

CERTIFICATE OF INCORPORATION

We, the undersigned, a majority of whom are residents of the District of Columbia, desiring to avail ourselves of the provisions of Sec. 599, *et sequitur*, of the Code of Laws of the District of Columbia, do hereby certify as follows:

1. The name or title by which this Society shall be known is AMERICAN NURSES' ASSOCIATION.
2. The term for which it is organized shall be perpetual.
3. The purposes of this corporation are and shall be to promote the professional and educational advancement of nurses in every proper way; to elevate the standard of nursing education; to establish and maintain a code of ethics among nurses; to distribute relief among such nurses as may become ill, disabled or destitute; to disseminate information on the subject of nursing by publications in official periodicals or otherwise; to bring into communication with each other various nurses and associations and federations of nurses throughout the United States of America; and to succeed to all rights and property held by the American Nurses' Association as a corporation duly incorporated under and by virtue of the laws of the state of New York.
4. The number of its trustees for the first year of its existence shall be thirteen.

Papers on the Teaching of History were then heard, Miss Dunlop presiding.

THE MODERN POINT OF VIEW IN THE TEACHING OF HISTORY

By JESSIE C. EVANS

I think that I am making a safe guess when I say that most of you disliked history when you studied it in school, and that consequently your feeling towards it since has been one of indifference at best. Consequently very few of you care to read history in your leisure time, unless the Great War has attracted you to some of the current publications on European affairs. The fact that the administrators who plan courses for students preparing for a definite vocation, often leave out history, is a proof that the teachers of history have failed to convince the public that it has great value. I must ask you to come with me to the classroom where the new kind of teacher is in charge and then tell me whether it has not value for everybody, in fact whether you can maintain that any one can be called educated without it.

You are all familiar with the old way of teaching history. You had to learn a certain number of paragraphs or pages and then the teacher tried to extract from you, by a process more or less painful, what you were supposed to have acquired overnight. At examination time you crammed it all in again and then, after the examination was passed, you proceeded to forget it as soon as possible. The only alleviation possible was the chance of getting a live teacher who made herself so interesting to you that the process was less painful.

How has the teaching of history changed in recent years? In the first place, the aim is different. Our object in studying what men have done in the past is not only that we may have a specified amount of information but also that we may understand the society in which we live. Our government, our institutions, our style of building, our manner of living, even the fashions of our clothes are products of the past. The uneducated person does not appreciate his environment, it is like a picture without a background or perspective. To the educated man the automobile takes its place in the long line of improvements in transportation from the ox-cart of our Aryan ancestors. He sees, too, that progress is the rule of the world's development and can look forward to the day when every family will own its little car and many of us will do our travelling through the air. What does the word "liberty" mean to the man who knows nothing of the struggles of people through all the ages to get the freedom which we now enjoy? Our representative government, our laws, our courts, our freedom from oppression, are the product of history, and to know what they mean we must know how people lived without them and how men worked to make them ours.

You will say that this does not sound like history. How about the battles and the generals, the kings and the queens? We do not pay so much attention to those as we used to do. The growth of society, the things that affected the life of the people are the things which seem to us to count. If a king did something to help or to hinder the cause of mankind, we have room for him, otherwise his royal blood avails him not to secure an entry into our chronicle. A battle interests us only as part of the means by which some change was accomplished. We care not just who commanded and how many men were killed on each side. The history textbooks are being rewritten to tell the progress of civilization. The kings of Egypt and their wars give way to the farming methods of the naked brown people in their mud huts on the Nile. The legislative reforms of Solon and Draco go with the battles of Alcibiades into the waste basket in making up these new books. In their place we see the great temples and statues on the Acropolis, visit an Athenian home and listen to Socrates teaching his pupils. No longer

must we struggle with Grant through the Battle of the Wilderness, but instead save time to note the invention of the reaper and the steamboat and how they made possible the development of our great western country.

The course in the Philadelphia schools is as follows: After the stories and simple biographies suitable to the youngest children, the more formal study begins in the sixth grade with a simple treatment of topics in European history as an introduction to the history of our own country. In the seventh and eighth grades, the history of the United States is covered. When the high school is reached, the pupils go back again to the beginning and start with ancient history. In the majority of the schools only a half year is given to this, in order to save more time for the recent periods of history which serve better the purposes stated in the preceding paragraphs. After a half year spent on the mediaeval period, the majority of the schools give a whole year to the last two centuries of European history and a year to American history and government. This is the full course as offered, but many students who are preparing for college or for a vocation are unable to take it all. These get at any rate one year of European and one of American history. The emphasis is thus placed on the topics which come nearest our own time.

Not even in the choice of topics to be studied in history is there so great a change as in the methods of presenting the subject in the classroom. We have always had pictures, but now they are a necessity. Lantern slides are used a great deal in the effort to make other times and places real to the pupils. Many small pictures are collected for class-room use and large wall pictures in colors are indispensable. One of these, large enough to be seen by all the class, may be made the subject of discussion for a large part of the lesson, the pupils learning from it the appearance of historical characters, details of costume and the manners of the time, in a way that would not be possible from a book. Models and real historical objects are used, too, in order to make the past more real. We formerly had great trouble to make the pupils realize the great change that came over the life of all the world when machinery was introduced into industry. Now in our school we can show the old processes of making cloth before the time of factories. We can card the wool, spin it on our own spinning wheel and weave it on a small loom which is a model of those our great-grandmothers used. Soon we hope to make use in the schools of the wonderful opportunities offered by moving pictures.

The libraries are being drawn upon for assistance, indeed, some of the schools have libraries of their own. From these the pupils learn

that history is not all contained in the textbooks. They learn how to use books and acquire a taste for reading which we hope will last when they are grown folks.

One of the latest innovations in the history class is the magazine. My own classes this term are subscribing to the *Independent* and one lesson each week is on the history of the present time. Here we find constant need for our study of the past to explain the events of today. All history takes on new meaning when the pupils realize that it is part of a continued story, the last chapter of which they are living themselves.

Of the new methods, I have saved for the last the one which seems to me the best, that is, the change in the recitation itself. The aim of the teacher is to arouse interest and then to guide discussion. The meeting of the class is more like a club or debating society than the old formal recitation. Often a pupil is in charge instead of the teacher. Marks are forgotten and the pupils combat each other's ideas and supplement each other's information in a way that is the best possible training, not only in seeking the truth of historical facts, but in self-expression and in the methods of democratic government. It is the teacher's aim to have them concentrate upon some problem which will lead them to study. It may be and usually is, one which they suggest themselves. This historical problem may be one which may take a day, a week, or perhaps a month of study, before it is solved to the satisfaction of the class.

Let me illustrate these new methods by my experience in recent weeks. My task was to teach the struggle of the English people for liberty during the period of the Stuart kings. We had understood pretty well the condition of the government during the previous period. To begin with, by pictures and stories I made them interested in the character of the first Stuarts. Then the problem was stated: What would be the effect when men of such character and principles took charge of the English government? With this problem in mind we plunged into the conflict between king and parliament. When we came to the Civil War, I started a fresh interest by calling it a "revolution" and inviting a comparison with the American Revolution. The mention of George Washington, Patrick Henry, Samuel Adams and the others set them all at work on the new problem; a comparison of causes of the two struggles. By this time they had a pretty clear idea of the main thing I was after, namely to get them to appreciate what we mean by English liberty. Fortunately for me, the Russian Revolution came along just when we had reached this point and we turned to our copies of the *Independent* and to the newspapers to make further comparisons

of the causes which make a people throw off tyranny and set up democracy. This series of lessons employed all of the new methods named above: the use of pictures, the connection with the present through the magazines and newspapers, the statement of problems to be solved and the free play of minds in class discussion. Best of all it served as direct training in citizenship, for Russian, Italian, Swede and American among the pupils now appreciate what democratic government means and why men have been willing to give their lives for it.

This new aim of history teaching, that is to make the student understand and appreciate the society in which we live, has been greatly advanced by the inclusion in the history departments of our schools of the newer social subjects, Civics and Economics. Civics must not be confused with the old civil government. While it deals with government too, the manner of treatment is entirely different. Philadelphia is just inaugurating such a course in the elementary schools, starting with the first grade and continuing through all the grades until it is completed in the eighth. The basis of the course is training for citizenship. The little ones learn by song, story and practice the simpler civic virtues, such as cleanliness, obedience, helpfulness and thrift. When they are older they observe and discuss the policeman, the fireman, the postman and other people whom society provides to help them and find out what these helpers are supposed to do and how children can assist in the work of making our city a clean and safe place. In the seventh and eighth grade a more formal study is made of the community in which we live. It is based on the various community needs, not on the officers and their duties, as in the old civil government. Some of these community needs are health, protection to life and property, education, recreation, civic beauty, transportation and so on. Under health, the various kinds of health protection are discussed; sanitation, housing, pure food, water and milk, sewage, waste disposal, quarantine, etc. The pupils find out for themselves all that they can about these topics and then talk them over with the teacher. It is surprising how much an active child already knows from observation, and how much more interested he is in adding to that knowledge than in learning about unfamiliar things. In the course of the discussion much is learned about the City Bureau and Board of Health, the cooperation of the State Health Department with the state law behind it, and finally the help afforded by the Federal bureaus and inspectors. In the same manner we treat the other elements of community welfare until the children have a fair idea of the government under which they live and also of the questions of community welfare in which every citizen should be interested. We think that an appreciation of the

tenement house problem is better training for citizenship than the ability to recite from memory the constitution of the United States.

At the end of the high school, after the history has been finished, there is provided a course which is called in some schools Economics, in others by the broader term Social Science. This gives to the most mature of our students an opportunity to discuss the great problems of the modern democracy. Labor and wages, crime and punishment, problems of the family, immigration and a host of others offer themselves as of value for study by those who would be intelligent citizens. The choice of any one of these problems for class work is followed by text book study, library reading, discussion and debate. Without the great attention to the theory of economics and political science which is desirable in college classes, the students yet come to know the most important elements of those sciences. Of more value, though, both to them and to the community which is paying for their education, is the knowledge which they get of the questions which lie at the base of the health and happiness of our commonwealth.

Have I made clear to you, I wonder, why I think that the social sciences, including history, as they are taught today are an indispensable element in education? Released from the old bondage to text book, dates, and memorizing, they have become living subjects. Their object is to develop the individual to his or her highest powers of observation, understanding and expression. History, with its allies, the other social sciences, gives an understanding of human society. It gives us a perspective in viewing the affairs of our daily life. Without it we live, as it were, within the four walls of our professional routine, with it, windows are opened on all sides through which the light of understanding and the vision of other peoples and other lands come streaming to enable us to see that our own job is part of a greater whole. A woman of any profession is likely to rise in proportion to the extent to which she can see beyond the technical details of her work. Details and routine work must be attended to, of course, but it is the men and the women of larger vision who count in the shaping of what that work shall be.

Perhaps there is some one in this audience who wishes that she had been born a little later, after this revolution in the schools had taken place. To such a one I should like to say that the new text books are fascinating reading, even at the end of a hard day's work.

A BIRD'S-EYE VIEW OF NURSING HISTORY

By ISABEL M. STEWART, R.N.

There are many reasons why it seems important for pupil nurses and all nurses to know something of nursing history. Nothing more stirs our pride and enthusiasm than to get acquainted with that long and splendid line of nursing leaders, who have built into our profession its fine ideals, and overcome such tremendous obstacles in making our profession what it is today. It makes us understand nursing better, to trace it from its origins, and to learn the significance of many of the peculiar observances and traditions which we find in hospital and nursing work. It makes us feel more keenly our responsibility for passing on the torch which we have received from other generations, not only undimmed, but glowing brightly, that the generations which are to come may not fail because of our blindness and neglect. And if we read more deeply into the history of the past, it will help us to form a truer philosophy of our work. We shall see certain great forces and principles moving forward slowly through the ages, and gradually finding expression. We shall see familiar abuses and false doctrines cropping out again and again in different forms, and we shall often recognize in them the same problems that we are facing today. We may often get courage and real guidance from studying the way in which each generation fought its great issues and found their solution. There is no better way of teaching the ethics of nursing than through nursing history, and indeed, especially in the beginning of the training, we are finding that this is by far the most effective way of teaching ethics.

In teaching this subject to pupil nurses, then, the first great essential is that they should get the spirit of it, that it should be a really living and vital thing to them and actually function in their everyday lives. Names and dates and details of organizations are relatively unimportant, but it is important that they should get the general drift of the big movements, and that the great crises and epochs should stand out clearly in their minds. It is important also that they should see the continuity of all the institutions and ideals of the past with the institutions and ideals of today, and that they should learn to trace back familiar observances and standards to their origins, as far as possible. For instance, in stressing the social point of view, which we all feel to be so essential to good nursing work, it is interesting to show just how old the idea and spirit of social service is in relation to nursing and how continuously and in what varied ways the nurses of each generation served the social needs of their time.

I shall give in this brief outline only a few of the outstanding epochs and movements which should be noted in any course in nursing history, and will suggest a few ways in which the work may be made more vivid and interesting.

For greater simplicity I have divided the whole 8000 years or more, which are covered in nursing history, into four main periods, as follows:

I. Beginnings of Nursing among Primitive and Ancient Peoples (6000 B.C. to 1 A.D.); II. The Period of Organization, Early Christian and Mediaeval Period (1 A.D. to Sixteenth Century); III. The Period of Disorganization, of the Dark Period of Nursing (Sixteenth Century to the Middle of the Nineteenth); IV. The Period of Reconstruction, or the Modern Period (Middle of the Nineteenth Century to the Present Time).

All through the study of each period we shall try to keep in mind a few outstanding questions for which we shall seek to find answers:

1. What influences (political, social, religious, ethical, economic or intellectual) were most influential in determining the kind of care given to the sick, and the direction of nursing development during this period?
2. What classes of people were mainly concerned with the care of the sick, and what were their forms of organization and their general modes of working?
3. Who were the representative leaders of nursing during this period, and what did they contribute to nursing?
4. Taking the period as a whole, was the interest and the activity in the care of the sick relatively higher or lower than it had been, and where was the progress or loss greatest?

Taking the first period, we shall find that it extends over 6000 years and covers all the older civilizations from Egypt through to Rome, as well as typical primitive peoples. It is all rather vague and indistinct, but a few points of interest and significance can be brought out. We find that the nursing impulse is born in every kind of people, that it is strongest in women, that the form of expression which this impulse takes varies widely among different peoples and is influenced largely by the form of religious belief practised, by the degree of intelligence and by the standards of humanity and justice developed. We find that the care of the sick is usually better where the women are free to take part in social life outside of their homes and where they are more independent and better respected. Among all early peoples the dominating influence is the religious one, and in the beginning it is almost impossible to differentiate medical and nursing measures from ceremonials of worship, of purification and propitiation. The supernatural theory of disease, whether it is attributed to evil spirits or gods and demons results inevitably in a crude and perverted system of nurs-

ing and medical treatment, but here and there we discover an efficient remedy. Out of the chaos of religious ritual and magic, most of it useless and much of it cruel and inhumane, we begin to see the first feeble beginnings of medical art and science. Drugs are crudely classified and described and a rough surgery is practised. There is a dawning recognition of certain principles of prevention and treatment, usually symbolized in medical gods and goddesses and practised as religious rites.

The medicine man or priest who first monopolized all the functions of priest, teacher, law giver and physician, begins to hand over certain of the more practical duties to lesser and more specialized assistants, who are sometimes men and sometimes women, often old women. Very soon we begin to see a differentiation between the duties of the men and the women, and even this early we get the first recognition of a physician class and a nurse class, though it is a long, long time before the line is at all clear cut or definite. There seems to be no conclusive evidence of any organized group of women nurses before the Christian era, though it is believed that the priestesses who attended at the temples probably assumed certain nursing duties.

There is little doubt that the first organized and systematic care of the sick probably was associated with religious shrines and temples, but we find another powerful influence in the ancient rites of hospitality which are practised in some form or another by all primitive and ancient peoples. The right of the stranger to protection, food and shelter seemed to be everywhere acknowledged, though with limitations, and we find even among the most barbarous peoples some provision for the poor and the sick stranger in the form of hostels or inns. Gradually here and there we see the state assuming some responsibility for the sick and dependent and we find the state-supported inn or hospital and state physician, public health officer and public relief already established in a few countries before the Christian era.

The great figure of this period is Hippocrates, the father of medicine, who was the first to declare the astounding doctrine that disease had no connection whatever with gods and spirits and other supernatural beings, but was an entirely natural process, caused by natural causes and subject to natural laws. Hippocrates established medicine as a science and wrote many learned books on it. He also set very high ethical ideals for the physician, which are embodied in the Hippocratic oath. Although his ideas were not generally accepted for a great many centuries, they were the seed of rational medicine from which medical schools grew up and flourished in the intellectual atmosphere of Athens

and later Alexandria, and from which before the time of Christ an extensive medical literature had sprung.

With the beginning of the Christian era, a new motive is grafted on to the original nursing impulse and a new spirit begins to appear in nursing work. The ideals of brotherhood and service, the duty of charity and self-sacrifice, as preached by the Christian religion, bring together groups of workers whose main function is the care and relief of the sick and suffering. These religious and social workers are very soon organized under the auspices of the early church, each group of workers having specified duties and qualifications. The deacons and deaconesses are the most important body, and we usually think of Phoebe as the first deaconess and also the first visiting nurse. Very soon we find institutions for the care of the sick growing up under the wing of the church, and soon we find almost all forms of charity and relief transferred from the individual and the state to the church. About the time of the recognition of the Christian religion by Rome, in the Fourth Century, we have a great outpouring of religious zeal and active charitable and nursing work. The ascetic idea now begins to take hold of people everywhere and nursing becomes a popular prescription for all kinds of spiritual ills, compounded of the essential ingredients of penance and good works and offering a sure release from sins committed and a glorious future reward. Wealthy and aristocratic recruits like Paula, Marcella, Fabiola and Olympia, give prestige and a halo of romantic interest to what had been formerly a rather lowly form of service, and their example in founding hospitals is followed by other wealthy and royal patrons, who build and endow many charitable institutions, often of great size and magnificence.

But the wave of asceticism which is just beginning to develop through the influence of powerful church preachers and leaders, as well as the condition of political and social chaos and insecurity which follows the conquest of Rome by the barbarians in the Fifth Century, leads to a new type of organization, which we call monasticism. Not satisfied with their service of self-abnegation and practical helpfulness, and seeking a life of complete holiness through the elimination of all worldly elements, we find these ascetics secluding themselves more and more from the world, binding themselves with vows which limit their personal freedom, and replacing with silent contemplation and rigid self-discipline the active forms of social service to which they had formerly been devoted. The monasteries, however, still furnish relief and hospitality to pilgrims and strangers, and sick people are cared for tenderly by monks and nuns, within the limits set by monastic regulations and

their own naïve faith in the efficacy of prayer and penance as modes of therapeutic treatment.

Medicine, which had started in such a promising way under the Hippocratic school, had been going down steadily. Intellectual life and scientific investigation had practically disappeared in the early mediaeval period, partly as a result of the barbarian invasion and partly because of the policy of the church in discouraging medical learning and especially all forms of experimentation and surgery. In Persia and Arabia, to which some of the western physicians had been banished, the torch of medical science is still kept burning, but in Europe a few medical quacks and barber surgeons are the only representatives of the profession of medicine, besides the monks and nuns. Among these are several men and women (such as the great Hildegarde of the Rhine) of wide learning and some skill in the use of herbs and simples and the ordinary nursing measures. But people are so fettered by authority and so blinded by their belief in spirit-possession and miracle-cures, that there is practically no progress made in medical practice for a period of about 800 years.

During this time the disorganized states of Europe are beginning to form themselves into nations, and as a result of the continuous fighting, we note the rise of a new type of hero and a new ideal of service. The institution of chivalry, with which we are so familiar through the tales of King Arthur, shows a type of manhood which is as different as possible from the picture of the monk, and depicts a life of struggle, adventure and romance which is directly opposed to the conception of the repressed, sheltered and contemplative life of the cloister. Through the great military adventure of the crusades, the Christian knight, who is the defender of the weak and the redresser of human wrongs, becomes actively identified with hospital and nursing work, and brings into it not only a tremendous impetus and enthusiasm, but also the more positive and practical and robust virtues which belong to the good soldier and man of the world. The Hospitallers, who are probably best represented by the Knights of St. John of Jerusalem and the bodies of ladies who worked with them, combined the religious and the military types of organization and the ascetic and romantic ideals, in a very interesting way. Under their powerful leadership, and by virtue of their immense wealth and social prestige, they are able to extend their beneficent activities into many different countries, and to set hospital work on a much more substantial and permanent basis. Their great contribution was their organization and administration of hospitals, which took on a somewhat military character, and were administered with a lavishness and magnificence which far outshines most, if not all, of

our modern institutions. It was essentially an aristocratic type of organization, the model for much of the more recent Red Cross and army nursing work and with many of the same inherent weaknesses, which finally brought about the decline and almost complete disintegration of the military nursing orders. But the spirit of *noblesse oblige* which they brought into nursing, has never died out.

About two centuries after the crusades we find the old feudal system gradually breaking up, and great industrial and teaching centers beginning to appear. Poverty and disease ravage the great city populations and religious indifference and industrial unrest complete the picture of disorder and social disintegration. To meet these new conditions, and especially to deal with the fearful scourge of leprosy and its social consequences, St. Francis of Assisi formed his body of mendicants, or begging friars. It is a protest against the monastic conception of the cloistered and contemplative life and the pomp and exclusiveness of the aristocratic orders. It is an effort to bring the spirit of brotherhood and the ideals of practical religion again into the everyday life of the common man. Though the friars were primarily preachers, they engaged in many forms of social service and were particularly active in caring for the sick in their own homes. Awakened by the powerful preaching and the winning personality and example of St. Francis, men and women of all classes become interested in benevolent activities, and many secular or semi-secular nursing organizations are formed to give expression to the religious devotion of ordinary citizens and to open avenues of practical service for those who could not comply with the more exacting standards of the religious orders. Very soon it becomes accepted that the extreme restrictions and solemn vows of the monastic orders are not necessary to a life of piety and service and indeed that a certain degree of freedom is essential to useful charitable and nursing work. St. Catherine of Sienna and St. Elizabeth of Hungary are conspicuous and attractive examples of mediaeval saints, who were not identified with any of the stricter religious orders, but performed their services of mercy as private individuals. The Tertiaries of St. Francis and the Beguines are good types of nursing organizations showing this new democratic and secular tendency.

To meet the new social and industrial conditions, we begin to find communities taking over some responsibility for the relief and care of their own sick and unfortunate. Citizens are beginning to realize some of the privileges and duties of citizenship. We begin to see a few faint, but promising signs of a growing desire to do justice to the laboring man and to do something more than scatter alms for the relief of poverty. With the revival of intellectual life and the rise of universi-

ties, first in Italy and later in Northern Europe, and with the re-discovery of the old Greek and Roman medical classics, which had been safely preserved among the Arabs, we begin to get a revival of interest in the study of medicine and scientific subjects generally. Investigation is gradually resumed, though not without tremendous opposition from the religious authorities, and we come into a period of scientific discovery in the fields of anatomy, pathology, chemistry and finally physiology, surgery and therapeutics, which paves the way for our modern advances in medicine.

But while medicine is steadily climbing up out of its long period of lethargy and decay, nursing is passing through a period of disorganization and deterioration. The old monastic institutions are breaking up, and in spite of the new impulse which came in with the mendicants and the secular orders, the steady efforts to repress and control all nursing activity and to prevent its expansion along new lines, finally crushes out most of the vital life that is in it. Fewer and fewer recruits are coming into orders, and the workers are being supplemented by domestic servants and other lay service. The final touch comes with the political and religious revolution in the Sixteenth Century, when most of the northern countries break away from the church and the religious orders which still remain loyal to the old allegiance are either dissolved or suppressed and their monasteries seized by the government. The result is a complete disorganization of all charitable work and a period of very bitter suffering, especially for the sick poor. Hospitals are taken over by the civil authorities, and to replace the religious sisters, servant nurses are employed on the basis of domestic help. These secular servant nurses, deprived of the motive of future compensation and reward which had always been a powerful stimulus to faithful service in the religious sisterhoods, and exploited miserably as cheap labor by the hospitals, were conspicuous examples of all that a nurse ought not to be. They were mostly ignorant, dishonest, and often drunken and immoral women, with no sense of dignity or common humanity, and showing almost no evidence of intelligence or skill. The standards of service in hospitals, both nursing and medical, were miserably low. Outside of hospitals and the care of the sick by women of the family, nursing was carried on either by monthly nurses of the Sairey Gamp type, or by amateur "Lady Bountifuls," or good neighbors, who did the best they could on the assumption that good will and liberal doses of homemade remedies fulfilled all the requirements of nursing. The only bright spots in the whole dark period are the magnificent labors of missionary nurses (mainly of the religious orders) in Canada and other pioneer countries, and the development of the

Sisters of Charity under St. Vincent de Paul in France in the Seventeenth Century.

Toward the end of the Eighteenth Century, we begin to catch a little gleam of light. John Howard is beginning his investigations into the conditions in prisons and hospitals and is stirring up public sentiment against the disgraceful and inhumane treatment of unfortunates and dependents of all classes. William Tuke, in England, and De Pinel, in France, are taking the first steps to improve the dreadful condition of the insane, and an agitation over the high mortality of foundlings results in the building of many new institutions for the care of children. The humanitarian awakening is followed by a period of political and social reconstruction, a period of legislation and organization which extends to the present time.

But reforms in hospital and nursing work do not take definite shape till about the middle of the Eighteenth Century. The work of Elizabeth Fry and similar early movements in England, and the organization of the Deaconess movement in Kaiserswerth, Germany, are both efforts to find a way for enlisting a better class of women in the care of the sick and to give them a definite preparation for such work. But they still cling to the old ascetic ideas, they cannot think of a faithful, devoted nurse, except as a religious devotee, and they cannot imagine a nursing organization without some kind of paternal authority (preferably male), to think for it, direct its activities and keep it out of foolish and presumptuous innovations.

It takes a woman of commanding intelligence and courage to break with that old tradition. The conception of nursing as an economically independent, secular vocation or art, requiring intelligence, knowledge and technical skill, as well as devotion and moral purpose, is the work of Florence Nightingale. Her dramatic and convincing demonstration of the value of scientific nursing at the time of the Crimean War would not have been enough had it not been followed by her long campaign of public education, her genius and her indomitable will. Against the greatest opposition, she laid down the rules for the new profession, demanding high qualifications of mind and character, exacting standards of discipline (which were largely suggested by military models), long and careful training, including an adequate proportion of theory as well as practice, a fair and just economic and social status for the workers, and the control of the new profession by its own members.

Assisting in this great movement are all the humanitarian, social and educational influences of the times, especially the movement for the better education of women and the opening of new careers for them, ensuring their greater economic freedom and independence. The

advance of science, and the rapidly improving standards of medicine, surgery and sanitation, as shown in the work of Pasteur, Lister and others, also have a direct bearing on the growth of this new profession. A new standard of humanity and scientific efficiency is growing up in hospitals, not only in the old world, but in the newer countries, and we begin to see a rapid expansion in hospital work, bringing into existence a constantly increasing number of training schools and nurses. We see the nursing field broadening out and branching off into many new lines of work. Pioneer leaders arise to direct and consolidate these new activities and to organize the growing band of workers into a more unified and effective professional group. A literature of nursing begins to take shape, and educational standards are slowly built up, often under great difficulties, but with far-reaching results. It is an inspiring picture, but, though we are now on the upward curve, the goal is still a long way ahead. We have still much history to make. Not till every kind of sick person is efficiently nursed and every life is safeguarded from preventable disease, can we afford to relax our effort for one moment. Not till our schools are established on a firm, economic basis, till adequate educational opportunities and fair living and working conditions are secured for every nurse, can we afford to feel the least bit satisfied or secure. Not till we all approach a little more nearly the best of the ideals which nurses have striven for in the past, can we congratulate ourselves on any very marked superiority over those splendid sisters of ours who have gone before us. Our modern professional ideal is made up of ideals and traditions which come from every one of those nursing ancestors—the mother, the priestess, the deaconess, the religious ascetic, the mediaeval saint, the knight, the friar and even the servant nurse and the romantic amateur. The influences and motives which were potent in those old days, democratic and aristocratic, religious and secular, social and humanitarian, commercial and sentimental, are still with us. The forms are new, but the essential problem is still much the same. We have wonderfully greater advantages than were to be found in any previous period, and it is the duty and privilege of every nurse to help in making this the greatest period yet in nursing history and in building solidly and firmly the foundations on which the nursing of the future must rest.

The second subject of the morning was Maternity Nursing, Miss Beard presiding.

THE LIVES AND HEALTH OF MOTHERS AND BABIES: HOW
CAN WE SAVE THEM?

By EDWARD P. DAVIS, A.M., M.D., F.A.C.S.

In this day of advanced medical science, is there a crying need for great improvement in the care of parturient women and the care of mothers and infants?

The mortality statistics tell us that in the United States from 1901 to 1905 the annual average of deaths from the accidents of pregnancy was 549; from puerperal hemorrhage 337; from other accidents of labor 295; from puerperal septicaemia 2057; puerperal convulsions 911; puerperal phlegmasia albadolens 4; from other puerperal accidents 488; puerperal disease of the breast 1; a total of 4642 deaths occurring among mothers annually from diseases and accidents connected with pregnancy and labor. This does not include still births or conditions which pertain to still births only. When we compare this number of deaths with those occurring in women from cancer of the breast and cancer of the uterus, we find that the number of deaths from pregnancy and labor very nearly equals that of cancer of the breast and cancer of the uterus. Among infants, from malformations and diseases of early infancy, an annual average death rate of 26,511 is cited. A recent report from the Children's Bureau of the United States Department of Labor by Dr. Grace L. Meigs states that in 1913 at least 15,000 women died in this country from diseases caused by childbirth, of whom 7000 died from puerperal septic infection and the remaining 8000 from diseases now known to be largely preventable or curable. Taking the statistics for 100,000 population, childbirth was a little less fatal than typhoid fever and if the statistics of typhoid fever were limited to women only, childbirth would be four times as fatal. Tuberculosis only, shows a higher death rate among women between the ages of fifteen to forty-four years. Furthermore, while in the last thirteen years there has been a marked diminution in the mortality of typhoid fever, diphtheria and tuberculosis, no such decrease is shown in the mortality attending childbirth.

When the conditions pertaining in this country are compared with those in foreign countries, we occupy an unenviable position. Of fifteen important foreign nations, only two show a higher death rate attending childbirth than does the United States. Sweden, Norway and Italy have remarkably low death rates, while there has been a marked diminution in the last thirteen years in the death rates in England and Wales, Ireland, Japan, New Zealand and Switzerland.

One can possibly obtain a better idea of the conditions prevailing throughout our country by reference to reports upon rural obstetrics from three townships selected; one in a northern central state, one in the middle west and one in the south. In the first, 50 women were interviewed, of whom about 48 had a physician at their last confinement, one was attended by a neighbor and one by a midwife. Only 7 of the 50 mothers had any attention by a physician before the birth of the child and of these 7 cases, one visit was paid in each case. Only 3 of the 50 had an examination made of the urine, and in these but one examination. The pelvis was measured in but one case. There were a number of diseased conditions occurring during pregnancy which received no attention. One woman described nephritis, another had severe toxemia with headache and oedema of the whole body and this woman had had nephritis in a former pregnancy. Neither of them had care before childbirth. In 13 out of the 50, the physician made no visit after the confinement; in 24 but one visit was made. Four of the infants were delivered by forceps and one of these mothers died from hemorrhage a day later. The child was still born. No physician was called in consultation. Five of these women had more or less severe hemorrhage after labor; three had adherent placentae; one had fever on the third day; one an infected breast; another, thrombosis of a vein in the thigh from which she suffered for nine weeks. None of these women had a trained nurse at confinement; 7 had practical nurses; 25 a relative or a friend; 13 a neighbor or a friend who came in from outside. These conditions pertained in a prosperous state and in a township no part of which is more than six miles from a doctor and where telephones are commonly used. The nearest hospital was about 20 miles distant.

In the township in the middle west, one half of it was comparatively near a progressive small city from which a doctor could easily be obtained, but the other half was in a wilder part of the country, eight to twenty miles from a hospital. In this township, of 50 mothers, 28 had a physician, as they lived comparatively near the town. Only 9 had attention during pregnancy; and in 5, but one examination of the urine was made; while but one patient had more than one examination. Out of 28, 18 had no visit from a physician after labor, although 7 had been delivered with forceps.

In the southern township, there was difficulty in getting a doctor and in some cases the doctor did not arrive until the child had been still born. In one case, a woman who had had children was taken in labor and birth did not occur spontaneously, but the physician summoned could not arrive until the following morning. Labor had been delayed

by an abnormal position of the child which was finally delivered dead. The mother was seriously ill for more than a month. One pregnant patient while working in the field had a sudden and severe hemorrhage. In a heavy storm the husband drove with the patient nine miles to the nearest town for medical help. Of 50 mothers, 26 were white and 24 colored and of the 50, but 10 white women were attended by physicians, the remainder had colored midwives. None of these women had trained nursing care and only one had a practical nurse.

What could be done to improve these conditions? Prof. Irving Fisher, in his report on National Vitality before the National Conservation Commission, states that out of 100 cases of premature birth, 40 could be prevented; of congenital debility, 40 could be prevented; of venereal infection, 70. Diarrhea and enteritis, the most important causes of infant mortality, could be prevented in 60 out of 100 cases. Convulsions, which are such a bugbear to mothers, could be prevented in 60 per cent of cases. Of all diseases of infancy, 47 per cent could have been prevented. From one hundred to two hundred thousand lives might have been saved each year.

We will not weary you with statistics, but they indicate that there is ample evidence of great need in improving the conditions of childbirth in this country. The present is a peculiarly favorable time to secure this change. The wastage of human life in Europe has been so great and the demand for active workers in this country so exceeds the supply, that human life has an economic value which it has never before possessed. The legal value of a human life is its wage-earning capacity, and hence a child too young to work has but a sentimental value and one is not surprised at the irony of a court who awarded damages of thirty-nine cents to the parents of a little child killed by an accident, on the ground that some sentimental compensation should be made, but as the child was too little to work, its life had no economic value. Human life has heretofore been the cheapest of commodities. Those who remember the early conditions of railway travel know that for a long time men were obliged to go between railway cars to couple and uncouple them and that a large number of deaths and accidents resulted. At that time there were in existence inventions which would have overcome this danger, but it was cheaper to pay for life and limb at current rates than to install these appliances in cars, and it was not until the law obliged it that the change was made. But at present, life has an economic value never before attained, and appalled by the waste and wreckage of human life and limb, the world is turning anxiously to means for saving future generations.

We believe in democracy of knowledge, as we do in a true democracy

in all branches of life. For some years the medical profession, and under this term I include the profession of nursing, has conscientiously striven to spread among women, practical and clear knowledge concerning cancer. A brief, clear description of the first symptoms of cancer has been widely circulated, posted in dressing rooms used by women, and such knowledge has been spread abroad in every possible legitimate manner. Many cases of cancer can be cured by immediate operation and it is to attract the attention of women to their danger and their hope for relief that this knowledge is made public. Knowledge concerning the toxemia of pregnancy, eclampsia, hemorrhage during pregnancy, signs and symptoms of abortion and premature birth and the complications developing during pregnancy should be given the widest publicity and women should be urged on the slightest indication of danger to seek reputable medical help. A plain, simple, dignified statement of the important facts of reproduction should be given to young persons and this may well be done in schools. Popular journals should positively decline all communications upon subjects connected with childbirth which are exaggerated, sentimental and hysterical. Propaganda actuated by trade purposes should be repressed and nothing should be done to help the quack and the cheat. One cannot expect to do much with the population unless sound, practical knowledge is made common.

Better education for doctors and nurses is also essential. In this, great improvement has been made and is still in progress. In the Jefferson Medical College of Philadelphia, each student personally attends twelve cases of confinement besides his clinical and didactic instruction, before graduation. He then, before entering into private practice, spends a year in hospital work in a hospital having a maternity department. Our nurses see and study from 35 to 50 cases of confinement, covering the range of obstetric complications, before entering upon private practice.

The midwife is an undesirable product of foreign immigration. Until, however, hospitals become more abundant throughout all parts of the country and prenatal work connected with hospitals can reach inaccessible portions of the country, it seems impossible to abolish entirely the midwife. She is far more strictly watched than formerly and with corresponding improvement in her work.

The necessity for prenatal care has of late become more definitely recognized and has been brought to the attention of the public. Ballantyne in England has been instrumental in opening wards for pregnant women only and in establishing prenatal clinics. When one remembers that the toxemia of pregnancy is in many cases preventable, one can

appreciate the value of prenatal care. How successful this may be, can be judged from the Bulletin of the Department of Public Health and Charities of Philadelphia, February, 1917, in which Medical Inspector Dr. Florence Childs from the Division of Child Hygiene, states that among 1736 respective mothers visited by the city nurse during the year 1915, there was but one case of eclampsia. To be most successful, prenatal care must receive assistance from social service workers. It is useless to tell a mother to take proper food when she does not know what it is nor how to cook it and when she is unable to buy it. The economic conditions in each case are often most important. So, too, the police department may cooperate in arresting abortionists, closing houses of abortion and resorts of drunkenness and vice. All those agencies which make for decent, clean and honest living are vitally concerned in prenatal care. Women illegitimately pregnant should not be neglected in this regard and such a woman should be shielded and kept from abortionists; the life of the child, as well as her own life, should be saved.

While the interests of the mother are first, prenatal care has an enormous bearing upon the life and health of the unborn child. Deformities are usually produced during the early months of pregnancy and then it is that pregnant women are often sickest and most need attention and encouragement. As pregnancy goes on, the dangers to the mother increase in greater proportion than the dangers to the child. The child whose mother is ill-nourished during pregnancy will not escape the effects of her lack of food. Children so born fall a ready prey to the infectious diseases and frequently die from pneumonia after measles, or contract tuberculosis. Prenatal care may spare the infant the poisonous effects of alcohol in the mother or the blighting influence of poisons to which she may be exposed in various industries. So too, the sanitation of shops and factories is most important for mother and child.

Obstetrical science has gone forward rapidly in recent years in the development of obstetric surgery. Contracted pelvis and deformity has lost much of its terror for doctor and patient. Hemorrhage complicating pregnancy and parturition can often be promptly and successfully controlled by surgical means. In toxemia and eclampsia the results of treatment show a decided improvement. In the prevention of puerperal septic infection, there is little if any improvement throughout the country because so many of those who attend confinement cases will not scrupulously practice asepsis and antisepsis.

The most important factor in the diminution of death and disease among mothers and children lies in the development and increase of

hospital care for women in childbirth. When the public and the profession believe and practice the truth that women in childbirth should have the same careful attention that a patient receives who must have a surgical operation, then and then only will decided improvement occur. By this we do not mean that obstetrical patients necessarily require obstetrical operations, but the act of labor itself frequently causes wounds and injury, and such a case should receive the same thorough antiseptic and reparative care which is given to other surgical conditions. As the number of hospitals increases throughout the country, as good roads are made common and motor ambulances multiply, cases of complicated labor will more and more be promptly taken to the hospital and will there receive adequate medical attention. The medical profession and the public must be made to believe that so important are these cases that they must receive as good care as that given to serious accidents occurring in factories, to cases of tumor developing in women requiring operation, and to cases where hemorrhage from other causes than pregnancy and childbirth threatens life. No substantial improvement can be made in obstetric mortality and morbidity until these facts are admitted and appreciated.

This matter takes us to the very roots of our national life. Nothing can so strike at the heart of illegitimacy in pregnancy as reform in economic conditions which shall give to young men and women a living wage, good sanitation, reasonable and healthful amusements, and the rights and responsibilities of a true democracy. Early marriage should be encouraged and made possible. The time may come when a medical certificate of good health may be demanded before a marriage license is issued and there are many arguments in favor of this course. No stronger means can be taken against vice and immorality than the encouragement of a pure and happy family life.

There is a lesson of deep significance in all this for those in this country who are favored with abundant prosperity. Luxury produces nervous, degenerate, feeble offspring and miserable health. Luxury sets false standards of life and creates unhappiness and unrest in those who do not rightly know the true value of things. Selfish and idle luxury is foreign to the genius of true democracy. The idle degenerate are soon pushed aside by the strong, the normal, the clean and the healthy, but still their influence is not for good. The strength of a chain is the strength of each link and in the present world's crisis when the greatest storm of history is wrecking human life, it is our duty to see to it that our ship of state has an anchor chain of true democracy, whose links are healthy, sane, honest citizens. Such an anchor chain will hold from wreck against the tides of aggression and even of internal conflict.

COUNTY UNITS FOR MATERNITY SERVICE

By GRACE L. MEIGS, M.D.

During the last year, at the Children's Bureau in Washington, we have been studying all the information we could find as to the deaths of women in this country from childbirth. Like all our vital statistics, those on this subject need apology. One thing we can be sure of; that is that any figures we find are an under statement of the facts.

We found that each year at least 15,000 women die in the United States from the complications of pregnancy or childbirth; that among women fifteen to forty-five years old, childbirth causes more deaths than any disease except tuberculosis, and that there is no available evidence that the death rate from these largely preventable causes has decreased during recent years. The death rates from childbirth of only two of fourteen important foreign countries are higher than that of the United States.

And now I want to tell you about two of the 15,000 women who died from childbirth last year.

Ever since Mrs. West's bulletin on Prenatal Care was published, women on lonely farms have written to the Children's Bureau with some bitterness, asking us how they could carry out its advice; how they could have the advice of a skilled physician at childbirth when the nearest doctor was across the mountains, or fifty miles away. A few months ago a woman wrote to the Bureau and told of the horror and dread with which she looked forward to her coming confinement. She lived in a state in the far west, sixty-five miles from the nearest doctor and nurse. What filled her with misgiving was the memory of the tragedies that had happened on the nearby ranches. She had in her house a baby eleven months old whom she had adopted. The winter before, when the baby was born, she had gone to help the mother, riding seven miles on horseback, through a blizzard, with the thermometer 22° below zero. There was no doctor or nurse. She had been with the mother when the baby was born; and when the mother had died a few hours after, she had taken the baby home. Only a few months before she wrote to us, another neighbor had fallen desperately ill soon after her baby was born. Four days later she died. The neighbor women did what they could; a doctor was brought at last, but arrived only a few hours before she died.

Many letters of this kind have come to us. Last year it was determined to make a study at first hand of the conditions under which women go through pregnancy and childbirth in the country. We chose typical rural communities in a number of widely separated states: two

in counties in the middle west; one county on the plains in the west; one district in a vast grazing state of the far west; and two districts in the south, one in the cotton country and one in a most inaccessible mountain region.

Many of you in this audience know the conditions we found far better than I do. I need not tell you that we found in most districts lack of prenatal care; lack often of any care at childbirth except that given by a friendly neighbor or, in the south, by a colored midwife; with skilled care often so far away or so expensive that it was quite inaccessible. We found in the country, as in the city, that too many women are ignorant of the need of good care at childbirth, or are unable to pay for it. We found that in the country, in addition, sheer isolation often makes it absolutely impossible for women to obtain good care. To us it seems that underlying the whole question of the poor care women have at childbirth is the fact that they do not ask for anything better. In country or city, women will have to demand better care before their husbands, doctors, nurses and communities will give it to them. Because of the fatalism and ignorance that have shrouded the whole subject of childbirth, women have not known that they have a right to the best possible care at this time, and that it is good economy to get it. In the country the difficulties and expense of providing good care are very much greater than they are in the city; it will always require a much greater push of conviction and public opinion in the country than in the city to procure the proper care for women. Where the doctor has to travel fifteen miles to the patient over bad roads, where a nurse can make only a few prenatal visits a day, the expense of such care is multiplied many times.

The rather ambitious subject which was assigned to Miss Lathrop on the program, County Units for Maternity Service, looks as though the Children's Bureau knew more than it does about how this very difficult and fascinating problem is to be solved. I may say at once that no complete county unit for maternity service exists anywhere, to our knowledge, but we hope to see them exist some day. It seems on general principles that in a large part of this country, the county is the logical unit for any such work for a rural area. We hope before long many rural counties will realize that there is no piece of public health protection more important than the protection not only of the lives, but of the future health of its mothers. Each county will work out its own methods from the resources at hand. But certain fundamental necessities for any county unit seem plain:

First. A rural nursing service centering at the county seat, with nurses especially equipped to do prenatal nursing, to make urinalyses, and to detect the dangerous symptoms of pregnancy.

Second. An accessible center or centers where mothers can obtain simple information about their own care during pregnancy.

Third. A county maternity hospital, or beds in a general hospital, for the proper care of abnormal cases, and for normal cases when it is convenient for the mother to leave home.

Fourth. Skilled attendance at confinement obtainable by each woman.

The nursing service is undoubtedly the foundation in building up this unit; and in the rural counties and districts where nursing service is begun, we shall all watch in the coming years the development of their work for protecting mothers. In many rural counties this work, like other public health nursing may develop through work in the rural schools. Rural school nursing seems just now the key to solving many public health nursing problems in the country.

I want to tell you in parenthesis what one school nurse accomplished in awakening the sanitary conscience of the children of a rural county through children's health leagues. I am sure that all the nurses working in the country have many such stories to tell. The state health officer of a southern state told us of a visit he had paid to a rural school in a county where every school has a children's health league established by a county nurse. Just before he arrived a child had been arrested for an offense against the sanitary code, and the regular classes had been dismissed so that all could hear the trial. On inquiry he found that the offense in question was technically described as "sneezing at large." The trial was very absorbing and instructive. The child who was prosecuting attorney brought out forcibly the danger to which the prisoner had exposed the whole school; how germs of colds, tonsillitis, grippe and pneumonia had been scattered many feet by the prisoner's lawless act; how every child might become ill and have to lose many valuable days of school; how some, while not having to stay at home might become temporarily deaf, so that they could not hear the teacher's instructive words. After a very feeble defense the culprit was sentenced to a severe, but just and appropriate punishment. The health officer wound up by saying "Now you know that child will never sneeze at large again; probably he will never even sneeze again, though he may conceivably explode."

Through children's health leagues such as this, Little Mother's Leagues, conferences with mothers on the home care of the sick and in baby care, and through advisory visits to the home, the nurse at the rural school gains an introduction to the confidence of the mother that will surely help her become her adviser when that mother most needs help,—in her pregnancy. This must be, I am sure, the beginning and

foundation of a county unit of maternity care. How and when and where a complete system of maternity protection for a rural county will be worked out, we shall see in years to come.

The whole question of the protection of maternity has an especial aspect in these times. I suppose a large part of the conscious and subconscious thought of all of us is given to the war. In the European countries at war the waste of human life has, as you know, led to an almost tragic interest in the protection of infancy and maternity. In every country this has become the health question second in importance to the care of the wounded. Just now all women, we among them, in this country are wondering what each of us can do to help our country in the wisest way. Now, or perhaps a little later, I believe that we shall have the chance to turn some of this very precious enthusiasm into the channels of the care of infancy and maternity, the "second line of defense" as it has been called. The war is still more or less a riddle to us; no one yet knows how much it is destined to cut into the fabric of life as we know it; yet we all must realize that modern war is very different from war in the past; that it is not only a military but an industrial and an economic struggle; that it is fought not only by the soldier and the sailor and the nurse at the base hospital but by the munition maker and the farmer; by everyone who economizes the country's resources and above all by those who preserve human life; by the doctor on his everyday round, and the public health nurse on hers.

I was very much stirred the other night by what Miss Beard said. I believe with her that just because of the war we need public health nurses more than ever; and that there never was a time when we should fight with more enthusiasm for our hard-won standards in public health and in public health nursing than just now.

OPPORTUNITIES OF A PRENATAL NURSE IN CONNECTION WITH VENEREAL DISEASES AND THE PREVENTION OF BLINDNESS

By MAUDE S. SMART

It has been impossible to obtain statistics on the exact amount of blindness caused by venereal disease because no one knows what that amount is. Probably no eye clinic is yet prepared to say how many of the cases coming to its attention are due to syphilis because no eye clinic has as yet done sufficiently thorough work in investigation with the object of determining percentage of blindness due to hereditary syphilis or to gonorrhea to make such figures valuable as accurate basis for prognosis in prenatal work. It has been stated that a little over

50 per cent of all cases of blindness is due to the two diseases, gonorrhea and syphilis, and that the usual estimate that 10 per cent of all cases of blindness is due to gonorrhea is not far from the facts. In a study made in 10,000 consecutive admissions to the obstetrical department of Johns Hopkins Hospital, it was found that 186 of the 705 foetal deaths, or 26.4 per cent, were due to congenital syphilis, and further, the routine microscopical study of the placenta showed that 350 syphilitic children had been born of 1000 women under consideration. These figures go to show something of the known prevalence of syphilis, and something of the importance of both gonorrhea and syphilis as causative factors in blindness. A prenatal nurse should be thoroughly familiar with such appalling facts as these if she is to give adequate intelligent attention to their significance in relation to her handling of an obstetrical case before delivery.

The problem of the nurse in the city having well organized obstetrical clinics, and other medical clinics equipped to coöperate in the care of these diseases is much more simple in operation and satisfactory in results than must be the problem of the rural prenatal nurse having none of these resources, and the wearing responsibility of working, often single-handed, against that sanctified mystery of misery which surrounds them. The rural prenatal nurse, then, should be well-instructed in this problem of prevention since she may bear a great deal of the responsibility of neglect of prophylactic treatment. This is true in cases with which we are all familiar of the doctor who never has advised anti-syphilitic treatment because of the notoriety attaching thereto and consequent injury to his practice, and because of the danger of creating suspicion and distrust on the part of the husband or wife if such suggestion were made. Here is a difficult situation for the prenatal nurse, but she may with great tact be able to secure reasonable coöperation with the family physician, and often overcome objection to tests and treatment and ignorance of their value.

It is within the province of the socially trained prenatal nurse to work in conjunction with the prenatal clinics to reduce greatly the number of cases of blindness resulting from congenital syphilis. This may be arrived at by the several different ways of using her knowledge of syphilis and its effects, by getting careful social histories in the families she enters, by observation of health condition of present members with careful attention to possible indications of the disease in any member, by reporting such as are found to physicians in charge of the case, and in urging patients to submit to such tests as the physicians desire to make for diagnosis. Further than this, if such pregnancy clinics do not have their own social service follow-up worker, it devolves upon the

pre-natal nurse to see [that] reasons for anti-syphilitic treatment are thoroughly understood by the patient, and that no neglect on the nurse's part occurs in acquainting the parents with the dangers confronting the coming child and in establishing her confidence in the treatment.

At the Boston Lying-in Hospital it has been found practicable to do the Wasserman test for syphilis on all patients coming to the out-patient departments, either for confinement in their own homes or for admission to the hospital. Cases having a positive reaction are referred to the nearest dermatological clinic where specialists determine the treatment. The system of follow-up work on these patients is admirably planned, and much of the success which it has had is due to the careful work of the prenatal nurses. That patient is informed as to the reason for taking the test, and in cases needing treatment she is given most careful instructions and advice to supplement the doctor's directions. We cannot say how many of our cases would fail of getting to the syphilis clinic or of continuing treatment there if it were not for the efforts of the prenatal nurses, except that on a study made of a group of 37 cases of positive Wasserman reaction occurring in six months at one of our out-patient clinics, it was found that unless personally conducted and followed up by the prenatal nurse, 50 per cent of these cases did not get the required treatment.

In the case of gonorrhea the problem is much easier of solution since it is becoming more the custom to give prophylactic treatment to the eyes of the new-born babies, and because the laws in regard to reporting ophthalmia neonatorum are being made better and are more strictly enforced. Here the opportunity of the prenatal nurse for prevention of blindness is teaching general hygiene and preparing the mother to be ready to recognize danger signals of red and swollen lids, and to be confidently coöperative in treatment prescribed. It is indeed here that the field of the prenatal nurse is clear and that no obstacle confronts her either in her work in clinics or in isolated communities, the opportunity for instruction and advice so carefully and sympathetically planned and so thoroughly carried out, that the patient and her family are quite won over to the realization of what failure to obey instructions may mean, and to assume in many cases a degree of the responsibility for follow-up treatment that is most heartening to those in charge of the case.

The third subject of the morning was then considered, Medical Social Service, the presiding officer being Ida M. Cannon.

MEDICAL SOCIAL SERVICE AS IT RELATES TO TRAINING
SCHOOLS IN BEHALF OF STUDENT NURSES

BY RUTH V. EMERSON

The reasons for closely affiliating the hospital's training school for nurses with its social service department are many and obvious, yet I should like to direct your attention to four of the more important to explain why, at the Massachusetts General Hospital in Boston, we have outlined a course which gives some instruction in social service to all of our nurses and is distributed over their three years of training.

The first is brought out in simple answer to the questions put by educators, "Are you interpreting the pupil's class-room work, his laboratory material, in terms of every day life? Are you relating his theoretical study to the practical problems of everyday living?" If a nurse is to know the various aspects of heart disease she must know more than the medical-clinical picture; she must know also the social-clinical picture, under what conditions her patient has lived and worked, whether his tenement is on the top floor and his work that of pick and shovel. She must realize that to think in hospital terms she must know the dialect of home and working conditions, so that the prescription "No stair climbing, little exertion, good hygiene," will not be glibly quoted and handed to the patient as unthinkingly as the doctor's order for pill No. 6.

Secondly. As we are teaching our nurses the various curative and preventive measures of attacking disease as well as the functions of the various departments in the hospital, have they not a right to expect to learn the purpose and aims of that department which has been added because found necessary for the effective treatment of hospital patients? When, as graduate nurses, they go to other hospitals, how are they to know whether they want or need a social service department or how to connect with the social service department if it already exists? Should they not make these contacts while in training?

Thirdly. Increased opportunities are continually being opened to women equipped with social training and a teaching knowledge of health. Shall we not allow undergraduates to nibble at medical-social and public health work to see if they like the taste well enough to take definite post-graduate training along any of these special lines?

Fourthly. The fuller understanding of nurses and social workers is better for each, and best of all for the patient. The stimulus of having pupils in any social service department is something vital to the workers.

I do not propound these four reasons for the alliance of the training school and the social service department as new, for I know they have been acted on in some degree in a large number of hospitals, often through affiliation with the district nursing association, but I do wish to emphasize them as arguments for the use of the social service department as the vehicle for the nurse's insight into the social aspects of disease. At our hospital we have such a relationship between the training school and the social service department and have outlined a course which appears in the training school's prospectus and which is given a definite place in the curriculum. The nurses are graded on their work and an examination given. This is important, as otherwise it would be like getting something for nothing, an unsound policy in education. Not all of this course has been consecutively followed but each section has been tried out and seemingly the results have been worth while, both from the student's point of view and from ours in the social service department. All of the nurses at the end of their three months' probationary period have a series of eight or ten classes which are in part lectures, part recitations, but largely frank discussions. This is in contradiction to the outline suggested by your committee a year ago wherein, you will remember, they suggested that each probationer spend three days in the social service department visiting various sections of the city, learning the peculiar community problems which may be responsible for sending patients to the hospital, getting something of the prejudiced points of view of the patients, for instance, the Italians and the Jews. Furthermore, your committee advised against any lectures until the third year.

I agree that the nurse's interest in her patient as a human being with varying responsibilities should be aroused as early as possible, surely before she is institutionalized, but as I have watched probationers it seems to me that everything is so new to them and they are making so many re-adjustments, that to give them any social interpretation of the patients would only add to their confusion. They may be more responsive when they first come, but I believe they had best get their impressions unaided and their feet securely under them before their minds are directed along social lines, for unless they do, I believe there will be a real danger of sentimentality coloring their reaction. In one of my groups of twenty-four nurses, only five had had as much as a bowing acquaintance with Jews, Italians, Greeks, or other foreigners; only three had any idea of their points of view, save that Jews are forbidden certain foods. Talking with probationers about racial prejudices of the Italians before they had more than seen a few, would be of little value, yet talking with them after they had helped care for several Italians on the ward, you can make vivid to them what a de-

parture it is for an Italian woman in whose own country it is considered degrading to go to a hospital, to be a patient in one of our public wards and to be examined by a group of students. Furthermore, I believe talks, classes with discussions, even lectures need not be theoretical, stupid, or too deep for first year students. In fact, I suspect that there will be much more give and take in such exercises with nurses in their first year of training than in their third year, after their passivity has been cultivated and their ability to argue and express their own opinions has been stifled.

How much does the nurse know of the proper treatment of endocarditis although she has cared for Maria Farraci on her ward for two months and has heard the doctor talk to the mother who looks bewildered or smiles benignly when told she may take the child home provided she keeps her quiet, out of school, and lets her have good food? How much does she really know except that it has taken two months to clear up this acute upset? The child should have simple food, and needs restricted exercise, yes; she may remember, too, that unless these children are careful over a long period of years they are likely to become grown men and women with serious heart lesions. But the nurse has no more idea of what it means to an Italian family, father, mother, and five children under working age, to care for a youngster with heart disease than the mother has of what the hospital has been doing to get her child well enough to go home, yet the home care of that child is very definitely a part of her treatment and furthermore, the nurse is supposed to be intelligent regarding the complete treatment of endocarditis. Her teaching has not been practical, it will not be applicable to human problems, unless she has an idea of the home life of her patients. Unless she has seen or heard described an Italian family in its home, has tried to persuade them to give up some of their lodgers who take the beds the children should have, has explained to the mother who has not an inkling of why her child, who apparently looks well and strong, has to be favored,—unless she has a clear picture of these conditions, she cannot see truly the problems of the after-care of Maria. After considering in detail these family problems she will appreciate more fully the difficulties, understand, and not be surprised at the re-entry of these children. As a nurse on the ward, she will be more thoughtful concerning her opportunities to teach the child and the family while Maria is still in her care. In the adult ward, where her cardiac patients are too often both handicapped workmen and hospital repeaters, she will be more interested in the true significance of heart disease and more questioning as to how it may be attacked. In our classes we talk over just such problems and stimulate each other to think of the patient not only as a hospital case with a diagnosis inter-

esting to medical students and house officers, but also as a many-sided human being with responsibilities to himself, his family, his work, and the community. Sometimes he seems almost to be a chameleon, but at the same time we try to see what it is that we owe him, what it is that he needs besides the hospital bed, food, and medical treatment.

We use social service case records and together work out the necessary steps in the plan. We do not attempt any careful discrimination of social agencies but explain the function of the various ones as we meet them in working out our problems; for instance, in effecting the transfer of a woman with tuberculosis from our hospital to a state sanatorium we brought out our relation, not only to the family and their relatives but also to the local board of health, the tuberculosis nurse and dispensary, one of our state boards, the school nurse, the teacher, a child-placing society, the parish priest, and the landlord. At the end of our discussion the nurses had a pretty clear idea of what a diagnosis of tuberculosis really means to the mother of a family of young sickly children with an irresponsible father. They knew what kinds of things have to be considered and in how many directions one may need to travel to unravel a family problem. Furthermore, they learned how to start the ball rolling to secure adequate care for their patient. If they become hospital administrators, they will have an idea how to start to get rid of the pleurisy patient who is found to have pulmonary tuberculosis.

The schedule which we have is somewhat as follows:

Lecture 1. Background of hospital and patients admitted; reading of selected parts of the annual report of the hospital, object of hospital, medical and surgical classification of patients admitted (briefly), their nationalities, residences, and occupations. Discussion of the various kinds of hospitals in the community; their purpose and how maintained, hospitals for tuberculosis, chronic diseases, maternity cases, children's diseases; hospitals run by state, city, as private business or private charity. Hospital uses and distinctions paralleled with social agencies.

Lecture 2. Reasons for organizing social service: Changes in medicine, passing of the pill box régime and dawn of the personal hygiene era. Crowded industrial conditions. Passing of the family physician. Individual disease now a question of public health.

Lecture 3. Presentation of case of a tuberculosis patient.

Lecture 4. Presentation of case of a child with heart disease.

Lecture 5. Presentation of case of a child with eczema.

Lecture 6. Presentation of case of a feeble-minded girl.

Lecture 7. Presentation of case of a man with cancer.

Examination. Eligibility of patients for admission (in detail). Steps and plan for care of girl with chorea and heart involvement. Plan for old lady with fractured femur and cast, etc.

From time to time questions are asked and the answers written out and handed in before class, for instance: "What would you do if the doctor asked you to find a boarding place for a young immigrant who was on the ward because of a fractured spine which occurred in the mill where he worked?" Along with these talks or after they are completed, we have the nurse visit patients' homes, patients who, we know, will be glad of visitors, baby clinics, settlements or other social agencies, for example, an Associated Charities Conference. Because these visits should be in small groups, preferably accompanied by a trained social worker, and usually taking half a day, we have not carried this part of our program as far as we wish. We want each nurse to have six such half-day visits besides one whole day with the District Nursing Association which in Boston is a separate organization, not connected with the hospital. These visits should not all be made in one week and after them there should be time for discussion and explanation.

When these two sections are completed we expect the nurse to have a working knowledge of why we exist, and of what kinds of things we attempt to do. It is the policy of our Social Service Department to accept cases referred to us by pupil nurses. The head nurse should be consulted before a case is brought to our department, but one of the other nurses is free to come, and she often does. In the dining-room nurses have been heard discussing whether "so-and-so" ought not to be referred to Social Service because she has nowhere to go when she leaves the hospital except right back to work, and she is a scrub-woman with varicose veins, or "Should not Social Service visit to see who is looking out for Mrs. J's. children all of whom are under twelve, and she is so worried about them that she has not slept decently for two nights?"

In the second, junior, or intermediate year, call it what you will, we plan eight one-hour lectures putting before the pupils the social side of the diseases which they are studying in bed-side clinics. These lectures are not always in the classroom, but may be in the out-patient clinic. Besides this required work, nurses are assigned to two of the out-patient clinics for three months; one to the syphilis clinic, the other to the children's. In the morning they act as nurses and in the afternoon do social case work under the supervision of the social worker who carries the cases in that clinic. I believe this is a sound policy which can be advantageously extended to include other clinics, for instance, the orthopedic, male and female, medical and surgical clinics. It has a fair balance of nursing and social experience as related to a certain group of diseases.

In the senior year we have four lectures presenting the field of public health nursing and medical social work. These are in the nature of

vocational guidance. In addition to this, four nurses a year are chosen to spend three months in the Social Service Department. They are on the wards as nurses on Sundays, and do have occasional lectures, but except for that, give their entire time to our department. Two months are spent in the out-patient and one in the ward social service department. The reason for this division of time is that we feel the out-patient department is less familiar to them and that doing social work there will be a greater jolt and it is more stimulating than to begin in the ward social service office. Furthermore, in our hospital, social service was started in the out-patient department and the relation to the training school established before we had a social worker in the wards. During these three months the nurses always have close supervision but work up, from carrying minor responsibilities to full investigations, mapping out plans which they themselves carry through. They arrange sanatoria care for tuberculosis patients, convalescent care for others, have experience with skin diseases, observe the relation of industry and disease, make plans for a run-down mother to secure an operation, visit various institutions and social agencies. Prescribed reading goes hand-in-hand with this practical experience and the nurses attend a weekly conference on social case work. There is also an elective in public health work which gives two months' training with the Instructive District Nursing Association; two months' post-graduate work may be taken which will give the nurse their certificate. Occasionally the entire four months may be taken during the three years of training.

Too great stress cannot be laid on the importance of choosing with the greatest care those nurses who are to have these opportunities for intensive social work. Introduced to social work in her first and second years, any pupil should know by her senior year whether the more social forms of nursing appeal to her, and the training school ought also to know who is best suited to try out along social welfare lines.

Thus far we have concerned ourselves with the need of, and advantage to, the training school by allying itself with the social service department. I want to state my conviction that the gain on our part by such a welding together is something very real. By understanding each other better we are sure to get on more happily and so work more smoothly and efficiently. But greater than this is the reaction brought by the questionings and challengings of the pupil to the social worker; this is bound to mean clearer thinking and consequently better case work.

Our social service schedule which, you see, covers the nurse's entire period of training giving her first a glimpse and later offering her

considerable experience in social work, has been outlined in connection with a thoroughly equipped training school which has a carefully planned curriculum, and a social service department with workers qualified to teach. These two states of well-being ought always to go hand in hand, but because we all know that they do not, I should like to suggest various adjustments which seem to me feasible.

In many instances the expenses of the training school, the hospital, and the social service department are made up in three separate budgets. It seems to me fair for the training school to share with the social service department the cost for the social teaching of its nurses. If this is a legitimate part of the school's course why should there not be one worker in the social service department who would also be on the training-school teaching staff? The head worker, ex-officio, should be the connecting link to help plan the course, but she need not be the teacher nor the person whose salary I suggest should be paid in part by the training school and in part by the social service department. Many social service departments are unable to give the kind and amount of teaching which nurses should have, yet if the funds for a social worker with teaching ability were procured in conjunction with the training school I think it might often be arranged. In the case of hospitals situated near the various schools of social work or philanthropy, an affiliation might be made for several training schools to have uniform courses under the school's auspices.

In line with this is the course of lectures which Miss Evans has been giving this winter in Cleveland and the talks arranged in Philadelphia. These and the papers in the *Public Health Quarterly* by Miss Beard, explaining the different branches of public health work, seem to me very valuable, and I should think might be used as teaching material. An objection at present to them, and it may not be an objection but only a limitation in them, is that they are too closely tied up with the field of actual nursing and do not give any conception of other medical social problems. This is, of course, just the difference between public health nursing and medical social case work, but I do feel that the nurses need a glimpse of both. At present there is a great lack of medical social service literature in this form, but I hope we may soon have some and, also, that we shall have medical social case records published in a form suitable for teaching. Probably many of you are familiar with the case histories published by the Charity Organization Society in which the case record is disguised but the facts kept. There are breaks made in the records that one may stop and discuss the problems as they develop and yet not see ahead to know how things are coming out.

To give our pupils social experience, could we not have affiliations with other hospitals just as we do between general and maternity hospitals? Could not hospitals having a course somewhat in line with the one we are having receive, for three or four months, nurses from other schools? Here again may I repeat the tremendous importance of carefully selecting the nurses for this special training? Though I am convinced that there is a minimum of social interpretation without which no nurse should be trained either for private or institutional work, I believe just as firmly that several months of practical experience need not be given, at the present time, to every nurse. We must remember that in three years we cannot graduate both a trained nurse and a trained social worker, unless we change in quite radical ways the training school curriculum; but in three years we can give every nurse an opportunity to know something of medical social work and can start on their way those nurses who expect to continue along special lines.

MEDICAL SOCIAL SERVICE AS RELATED TO THE ECONOMIC ADMINISTRATION OF THE HOSPITAL

By MARY ANTOINETTE CANNON

Economy in the widest sense of the word is the reason and the justification for the existence of social service. The widest sense of the word includes not only financial, but also human and social economy. It means not necessarily small expenditure but adequate return for expenditure, whether it be of money, time or force. It was thought in the early days of social service that it might be a means of protecting the hospital from fraud, and so saving it definite amounts of time and money, and this idea commended itself to the "practical" mind which saw no value in further service to patients. The larger results, however, attained through social service, have proven more important than the financial saving which it has effected. Therefore I shall in this paper consider what social service can do not only to prevent hospital abuse and to save the hospitals' time, but also to help the hospital to get results.

Dr. Emerson of Indiana, one of the pioneers and leaders in social service in this country, has certain definite ideas of what it should, and should not be. One thing, he says, which social service should not be is a detective agency. It is easy for the hospital to acquire the habit of handing its cases over to the social service department to be investigated as to the financial condition of the patient. Now such investigation should be made, and it may often disclose social con-

ditions which make the case one for the Department to handle, but in the ideal organization, the investigation would be made by a person employed by the hospital for that purpose, working in connection with the social service department but not attempting to combine social work for the patient with protection of the hospital.

I believe the experience of most social workers in dispensaries has led them to conclude that there is so little real dispensary abuse that it is practically a waste of time for them to undertake its prevention as an end in itself. It is economic for social workers to do social work, and whatever financial assistance they may render the hospital incidentally is subordinate to the main object. This was the conclusion reached by the Social Service Department of the Hospital of the University of Pennsylvania after its special study in 1913 based on 100 cases selected at random. Of 38 questionable cases, 31 were located and visited and all had some reason, aside from poverty, for coming to the dispensary; for example; 13 were what may be called "consultation" cases. In 1911, the Boston Dispensary made a study covering 1881 cases. The conclusion was that not more than two per cent of the applicants were able to pay private physicians. A study of 13 dispensaries in New York City, in 1910, showed that 10 per cent of cases admitted were questionable, other factors than poverty entering into the situation, but no cases located were clearly dispensary abuse. In short, the whole matter of abuse has, it seems to me, lost importance in the eyes of physicians and administrators within the past few years. However, social service still does considerable investigating, and in the course of its regular work it comes upon much information that is useful to the hospital. This is not always financial only. Facts as to habits, previous medical history, etc., sometimes come to light when we start an inquiry as to income, and are sometimes more useful than much saving of money. The use of the Registration Bureau and the records of other agencies greatly facilitate investigation, to the advantage of the hospital as well as the department. Indeed the speed with which we can sometimes obtain information has even caused us to be regarded with suspicion by at least one young physician, who voiced his skepticism as to the work of the department, because he said, "We ask them about a case and in half an hour they are back with the whole family history. It would be impossible for them to find it out in that time, they must make it up." Needless to say, such results are possible only when some other agency has preceded us in investigation.

As to the question of saving the hospital's time, this deserves perhaps more consideration than the question of dispensary abuse. If

time can be saved through securing prompt admission to the hospital and prompt distribution to other institutions giving suitable treatment, this is surely an advantage not only to the hospital, but also to the patient. Often the department is able, by arranging for care of the family, to bring about the patient's entrance into the ward at the time when care will be most effective. A mother who would put off a needed operation until perhaps too late rather than leave her children alone, will see the gain to the whole family and will consent to immediate care if she knows someone is looking out for the home. Prompt treatment often means shorter treatment, and so the hospital's time is saved. Then by use of convalescent homes and help in the patient's own home, the length of stay in the hospital can be shortened without danger of too early a return to work. In some cases treatment at home can be arranged for, and so the patient's need be met without hospital care which would otherwise have been necessary.

Then, too, some patients are really suitable cases for care in other institutions rather than the particular hospital to which they first apply. Such may be patients with tuberculosis, with syphilis (for which there are far too few suitable institutions), chronic invalids, and mental cases. The business of the department is to know where each type of case can be cared for and how to go about securing admission. Then the hospital can refuse the unsuitable case and still be sure it will receive proper treatment. In all this work, the Social Service can be effective only by virtue of all the organized social and medical forces of the city, which it places at the hospital's easy command to further its own work, and the welfare of its patients. It should increase the hospital's strength by uniting with it the strength of many other institutions.

One fruitful source of waste of time, money and effort on the part of the hospital is the return of patients once cured or improved and discharged. It is an old story now that the case which directed Dr. Cabot's attention to the need for an extension of the hospital into the community was that of a baby going out cured, returning sick, and repeating this proceeding until it had cost the hospital an appreciable sum. I have already mentioned convalescent care, which helps prevent this waste. The more indefinite service called "follow-up" should and does accomplish much in the same direction. The social worker gives no medical care, but she does, by visiting and writing letters, make sure that the patient returns if necessary to the dispensary for as long a period of treatment as is advised by the physician. It is the social worker's business moreover to find out what factors of environment, if any, have contributed to the patient's sickness and by altering the environment to prevent a recurrence of the sickness.

The hospital aims to do a certain thing, namely, to cure by one means or another the sick who come to it. In doing this, the hospital should serve as an educational force in the community, but to do either of these things medical and surgical skill and equipment are not enough. Causes of disease are not only medical, but also social. The cure, must include the social elements and without them there will always be cases where the best effort available will be simply thrown away. When razors are used to cut grindstones, the razor suffers, the grindstone does not gain. So it is to bring to the medical and surgical force of a hospital a tool by which it can get results where otherwise it would merely spend itself in vain, that the social service department exists. It should put at the hospital's disposal all the resources of the community. If extra diet is needed and poverty has contributed to malnutrition, the department knows where to go to ask for adequate relief. If housing conditions must be remedied, again there is an organization to see to it. If a bad domestic situation is interfering with health and peace of mind, again there is more than medicine needed, and an agency to supply it. It sometimes seems as if it did its work all by proxy, and we could indeed do little without "referring," but some things the social worker does in person. Out of 513 cases handled in January, 1917, by the University Hospital Social Service Department, 192 were for "supervision" and 110 for instruction in diet and hygiene. "Supervision" covers a multitude of activities, but its basis is home visiting and its aim the pushing through of treatment to a successful result. Instruction in diet and hygiene is, in the University Hospital, given by workers trained not only in those sciences but also in social work, so that the instruction is fitted to the facts of the patient's life as a whole. When a diet is ordered, the patient is taught how to buy and cook it, and a means is found where it is lacking. This goes beyond what purely medical skill can do, and without it the best advice is often barren.

The physician is sometimes aided in diagnosis as well as treatment by the knowledge of conditions surrounding the patient which the social worker gathers in home visiting. Mental and nervous cases especially are often hopeless to understand without more study of history and environment than a physician can give in a clinic.

The follow-up work I have already spoken of, in connection with ward patients. It is equally important in the dispensary, especially with syphilis cases, where results are often lost through failure of the patient to return for a long enough period of treatment. The Massachusetts General Hospital has had some interesting results in its syphilis clinic, where the social worker follows every case. In 1915, out of 1118 cases

admitted, 1011 were followed successfully and the average loss for the year was 9.6 per cent. Here again is a concrete example of results attained which would be impossible were medical means only employed.

We have no means of calculating how much money, time, and happiness are saved to the community by restoration to health and prevention of sickness in which social service has its part, but from our knowledge of individual results we know it must be considerable,—enough, we feel sure, to make social service of economic value not only to the hospital but also to the community which the hospital serves.

In the discussion that followed, several superintendents reported that they were anxious to give their student nurses some experience with the social service department during their course of training, but that they found it very difficult to spare them. Ida M. Cannon reported for the Massachusetts General that because of the increased interest in the social side of nursing, there had been an increased number of applicants for training, and because of this increase, Miss Parsons had been able to make a better selection from the applicants. Miss Fox reported from Toronto that the University of Toronto is giving a course of twenty-four lectures on the various aspects of social service, open to the pupils in the schools, but that the follow-up work from all the hospitals is being done by a nurse employed by the Department of Public Health. Practical work for pupil nurses will not be provided unless an educational director is appointed to have supervision of their work. Miss Tucker summed up the discussion by saying, "We must not urge that social service departments take pupil nurses to train unless they are large enough and are equipped well enough to take those students as pupils and not simply to do a certain amount of routine work."

Saturday afternoon was occupied with a trip to Valley Forge, provided by the W. B. Saunders Company, with a luncheon served by the Maryland State Association. The evening was left free for social gatherings.

MONDAY MORNING SESSION, APRIL 30

The subject of the first session was The Training and Status of Attendants, Miss Parsons presiding.

IS THERE NEED FOR ANOTHER CLASS OF SICK ATTENDANTS BESIDES NURSES?

By FRANCES STONE

The subject given to me is one that needs translation, it means, Can the graduate nurse, working as she is now working, and with the traditions that she now holds, do the work throughout the country which she claims to be her work, and which she is expected by the community to perform, or, is something else needed? The answer to this question comes from many directions. It is this: Yes, most emphatically something else is needed. At the foundation of this something else is a radically changed attitude of mind on the part of a large number of the trained and educated members of the nursing profession, towards the body of women who are not graduate nurses but are now doing, always have done and always will do, a great part of the heavy nursing work of the country. These women are necessary for the work, and the recognition of our responsibility and obligation to them, to help them attain a proper standard and, through close coöperation, to get help from them, is the attitude of mind for us to reach if we are to fulfil our rightful mission, and do the work we are expected to do, and for which our education has fitted us.

1. While there are no statistics to show accurately the per cent of daily illness existing among our population of 100,000,000, we can readily see that the estimated number of graduate nurses, placed at from 70,000 to 100,000 and variously engaged in the many branches of work now open to graduates, is in numbers alone, entirely inadequate to cover more than the border of such a field.

2. The financially well-to-do of the country, and the poor, are well cared for by the graduate nurse. They comprise less than 15 per cent of the population, while those of moderate means, above the charity line, are conservatively estimated at 85 per cent. These people in time of illness are largely dependent upon the non-graduate or attendant nurse. Evidence of this fact is easily obtained. Every investigation that has been made up to date, showing how the field of nursing is covered and what proportion of cases has received proper service, and what proportion has not, shows a lamentably small number reached by graduate service. Such investigations are only beginning; the two with which I am most familiar are the Dutchess County Survey and the very recent one in Detroit of 2,000 maternity cases. These were both instigated and financed by the trustees of the Thomas Thompson Fund. In Dutchess County not one per cent of the population was receiving adequate care in illness. Of the 2000 maternity

cases in Detroit, 24 had the continuous care of graduate nurses, while 408 had the continuous care of non-graduates. About 90 per cent of the ground was not covered.

3. Not only is it impossible for people of limited means to employ the services of the graduate nurse consecutively—in a large number of cases she is not needed. But someone is needed, therefore there must be two classes of workers for the two classes of need.

4. The graduate nurse is as incapable in most cases of doing the work of an attendant as the attendant is incapable of taking the place of a graduate. The training schools are not educating women for attendants' work.

5. While we of the nursing profession have for years discussed the question of how best to reach this vast majority of the people, a great army of untrained or inadequately trained women has been doing the work.

6. The oldest training school in this country counts less than fifty years. We can be justly proud of the very high standard that has been obtained for the schools and of the standardized work the graduates are doing, but their curricula do not usually include the care of convalescent and chronic cases, the housework and oversight of well children. This type of care we expect from attendants.

7. An examination of the representative registries, as well as of many of the private registries for graduate nurses, shows the names of a large number of so-called practical, household or attendant nurses. On central registries the number is untold but far exceeds that of the graduate nurse. When questioned, the invariable answer is: "The demand is so great that we are obliged to register them, and they are engaged most of the time."

8. Few, if any, occupations have been carried on without the use of various grades of labor. It would seem that we have heretofore failed in part to recognize this principle. A few women in the nursing profession have recognized this necessity and have adopted methods whereby they are making use of and establishing proper relations with, non-graduate nurses, and are meeting the acknowledged needs of the people. They have been able to cover nearly 100 per cent of the ground, they have succeeded in greatly widening not only the field of usefulness for the non-graduate nurse but also the field for her profitable employment. They do not usurp the field of the graduate nurse, but rather open other avenues to her, such as organization and supervision. Even a limited investigation shows us how necessary attendants are to meet the needs of the people, to meet their own needs, and to help our work attain its true success. We have a great opportunity and obligation

toward them. We must help them standardize their work, closely cooperate with them, work side by side, and give them the supervision so necessary for their success.

9. It has never been, and never will be, right or just to receive into the training schools (as many are now doing), women with very limited education and ability and later allow them to take their place beside the highly educated women capable of the highest grade of scientific service, and then expect to grade them. The advent of the attendant into training schools provided solely for their instruction brings a solution of the problem, "How to Grade Nurses."

10. I am glad to be able to say that I have helped to organize the first standardized school for attendants in this country, where they are taught housework, the feeding and care of well children, practical nursing (both for the home and the district), also the after-care of maternity cases. The cardinal principle is that they must work under supervision. There is no difficulty in placing them in hospitals to gain bedside experience, district nursing associations are employing them as helpers, and I hope to see the day in the near future when every town and country district nursing association will have its own small school, or cooperate with others, and that all of the hospital training schools that find difficulty in securing the standard educational qualifications for their pupils, will receive women capable of filling the position of attendants. Then, and perhaps not until then, shall we all realize the value and worth of this large body of most useful helpers.

HOW AND WHERE SHOULD ATTENDANTS BE TRAINED?

By EDITH M. AMBROSE

It has been said that a new truth is only an old one risen from the dead, and we probably all realize that this demand for attendant nursing service is as old as the existence of evil. The lamp of knowledge is simply shedding a new light on the old laws of cause and effect, supply and demand. The recognition of the fact that all disease is preventable has led us to believe that it must be made a working principle for the majority, if our ideals of health for all are ever to become a reality. Efficiency in a machine can only be obtained when the operator is familiar with the principles of his machine and the laws which govern the medium in which he wishes to operate it. For example, an aviator who would attempt flight without knowledge of his machine and the laws of the air would quickly pay the penalty of his ignorance;

he might fall on fifty innocent victims and cause the death of the entire fifty. So one ignorant or careless individual might cause the death of many who were observing these laws. It is this knowledge, and the recognition of its value to the entire community, that has given birth to the desire to have it reach the majority and has created the demand for an agent who can come into contact with every individual in the community with the message of health at a time when he is most ready to receive it. The most logical person to answer this demand is the public health nurse. It has called from our ranks already 6000 of the 70,000 registered nurses and previous to this drain the public was insistently calling for more nurses, nurses who would answer every need, who would care for the sick who were able to pay moderately but who were quite unable to pay the high price demanded, rightly enough, by the highly trained nurse. Several attempts to meet this demand for more and cheaper nurses have already been made, and how and where this is being done it is the purpose of this paper to discuss.

The nursing profession has been slow to recognize this need and reluctant to face the truth concerning it. It has even shown a spirit of veiled antagonism toward it. Attempts have been made by physicians and others to meet it, attempts which if allowed to go unchecked or unregulated bid fair to lower our standards of service which we have been at such pains to build up. The question at this moment assumes an attitude of vital interest because of the impending health insurance legislation and unless it is answered and answered adequately by the nurses themselves, it will be answered by the public, the government, the medical profession, and others, and among them our cherished standards will receive little attention. The law will demand nursing service for millions for whom it has never been available and unless we are prepared to meet it, and well prepared, it will be passed over to more capable hands, to persons who care little for our ideals. If therefore we can present plans that will prove to the satisfaction of the public that we can offer expert supervision and adequate care for the sick at a price within the means of the agent who is obliged to pay for it, we may consider our proposition proved.

Needs. Miss Eleanor Rathbone of Liverpool said, in 1889, in connection with this subject.

Last winter at a time when there was a great deal of serious illness and the doctors were telephoning from one institution to another to find a disengaged nurse, we happened to hear of two neighboring families who were employing Royal Infirmary nurses, one to nurse the footman and the other a child, both suffering from a slight attack of measles. A sick-room helper would have done

the work not only as well, but better, since she could have cleaned the room and waited upon herself. I am aware that most nurses, or nursing institutions, do occasionally employ help for cases of this sort. They know of women that can sit up at night and do everything else that our sick-room helpers do. I only suggest that the need should be definitely recognized and provided for as an auxiliary to district nursing, that a regular suitable woman of ascertained qualifications, willing to work under fixed conditions, and rates of pay, shall be kept either at a home or by some outside body, and last but not least that the cost of employing them shall be defrayed when possible by the patient's friends, but when not possible that it should be met out of the institution's funds. It is somewhat doubtful whether in these days of subdivision of labor it is altogether satisfactory to try to combine in one and the same person the highest skilled work and the roughest manual toil, and it is obvious that if you pay an individual who discharges these dual offices on the basis of her skilled work you greatly overpay her for her manual work, and vice versa. It should not be beyond the power of good organization to devise a scheme by which, where necessary, the rough housework is done by the "handy woman" and the skilled nursing by a skilled nurse.

Miss Rathbone, in these sentences, has shown that there was at that time in England a definite need and demand for this class of service. It is fundamentally the same in this country except that our methods of training and our attitude towards life are a little different and so we must approach the problem from a slightly different angle. "The world lives and grows by heresy and treason, it dies by conformity to error and loyalty to wrong," said an inspired writer, so let us face the question squarely, let us not be loyal to any error that may have crept into our ideals of the standards which we have set, let us rather make a standard for the work that each group is undertaking, a standard for the workers in each group and clearly define our groups. Let us fearlessly face the truth and arrange our work in accordance with its principles. The truth is: first, That we need two kinds of nursing service, that of the skilled educator, and that of the less skilled worker; second, That they are for practical purposes an impossible combination in one person; third, That they are both necessary at the same time, one for educating the patient and her friends at the only moment when the lesson is likely to be effectual, and the other to do the work which requires too much time for the skilled worker to give.

The care of the sick, if left to the chance kindly neighbor, is likely to be left undone. How many have no neighbors in the city? "Neighbors" sounds well and calls up a pleasant emotion, but neighbors are seldom experienced in real life and it is realities we must face; fourth, That a large majority of the public can pay for nursing but cannot pay the price of the registered nurse.

The greatest truth of all is that whether we wish it or not, whether our standards are maintained, lowered, or altogether lost, makes not a particle of difference to the demand of the public for increased nursing service. We *must meet this demand* if the Health Insurance Bill, which included nursing among its benefits, becomes a law. The question comes right down to the one that has been agitating the public mind for the last three years, are we going to be prepared or are we going to "watchfully wait" until the matter is taken out of our hands?

To show that these needs which we have enumerated are especially applicable to the rural community, let us refer for a moment to the Dutchess County Survey of 1912. A house to house canvass of four typical townships shows that 1600 people were seriously ill in 18 months, that 90 per cent of these remained in their homes during the entire period, and that 78 per cent of these could have been adequately taken care of in these homes if there had been available medical and nursing service. It also shows that this lack of care was not due to poverty. Of the 113 women who went through childbirth in their homes, only one had the continuous care of a graduate nurse, and only 18 had any care whatever from graduate visiting nurses. Is this demand of the public unreasonable when in one of the most favored counties of this state, if the proximity of rich neighbors and a large city are looked upon as favors, 78 per cent of the sick are suffering unnecessary pain and loss through a preventable cause?

Objections. The objections to training attendants in this country are, that we are preparing to call into existence an inferior class of practitioner who may usurp the functions and title of registered nurse. This is much the same argument that was used by the physician against the midwife's bill, that no recognition or encouragement should be given to the midwife's training because every confinement should be attended by a physician. The answer is the same, that the great majority cannot afford and ought not to be compelled to pay for highly skilled and remunerated service when they might secure services which would answer their needs for a lower price, also that the less skilled would be more likely to keep within the limits of what they could rightly undertake, if they were responsible to and working for a society rather than as free lances. The second objection is that we are taking one more step toward breaking down the motive to neighborliness among the poor, and that everything the sickroom helper does for the sick can be and usually is done by the family and friends. In reply we might ask, if this spirit of neighborliness gives sufficient training to care for the sick poor, why is it not equally desirable for the sick rich,

and if so why do we train nurses at all? A third objection is made of the difficulty of raising funds to adequately carry on this work which is bound to be inadequately paid for. The answer is that the most economical way to treat the sick is the way that cures them most quickly, no matter what the cost. The employment of nurses in industrial and insurance companies testifies to this fact.

The question of legislation and the objection to having the attendant included in the same class as the registered nurse is also a great stumbling block in the minds of many. In my opinion, the time for the regulation of attendants through legislation seems to be hardly ripe. Before bringing the matter to the legislators we must establish some recognized standards. Legislation simply means the protection of the public in much the same way that the naming of any article does. For example, "the fact that margarine may not be sold as butter does not force the purchaser to give up butter and live on the cheaper article, all that it does is to protect the customer of indiscriminating taste from paying for margarine believing it to be butter." What we expect in the main from legislation is that the public shall not mistake the attendant for the registered nurse and pay her the same price as the latter is qualified to command. We want a way of distinguishing ourselves so that the employer who wants a thoroughly expert nurse may not inadvertently engage one who has not the qualifications essential to the purpose.

For this reason, we must have certain fairly fixed standards for both classes and until those who have undertaken the work of training these women get together and thoroughly coöperate from the beginning this cannot be accomplished. Our efforts for the present should be confined to keeping the attendant out of legislation for nurses, we should object strenuously to having them called "certified nurses," or any brand that would tend to confuse the mind of the public. This objection on our part is quite as valid as that of the medical profession when it insisted on having the midwives registered in a class by themselves instead of as maternity doctors, the confusion in the mind of the public in our case is even more real.

English history. The training of the cottage nurse, as the attendant nurse is called in England, began in 1882. The practical instruction was similar to that given in the best-thought-out courses in this country, not including attendance at serious operations or such surgical cases as could not be treated in a laborer's cottage, but embracing maternity nursing pre- and post-natal. "When Sister Catherine began the training of these cottage nurses, a deputation representing a body that thought itself very influential was sent to attack her on the iniquity

of giving training in a district rather than in the wards of a hospital, but within 12 months that same influential body was sending down some of its nurses to be employed and trained as Village Nurses." In 1888 the Rural Nursing Association, started in the west of England, was the pioneer of the system of County Nursing Associations. The first of these formed was in Hampshire in 1891, followed by Lincolnshire in 1894. Wherever possible, nurses with full hospital, district and midwifery training were employed. For areas where neither work nor funds permitted the support of such nurses, village nurses (trained as midwives and in elementary sick nursing) were supplied at a fixed rate of remuneration. The Queen's Institute requires the appointment of a Queen's nurse as County Superintendent who shall be responsible to the County Committee for the adequate and constant supervision of the practical work of its nurses.

A study of the present methods of training attendants in this country reveals a lack of any fixed standards. They all agree that some training is necessary. Some think that their work should continue under supervision of the graduate nurses, others see no necessity for it. Some think no hospital experience is necessary and others that no home or field experience is necessary. Some require a tuition fee and the pupils pay their own living expenses, others provide the living and charge a tuition fee, notably the Thompson Schools. By the Thompson Schools I mean the Lynn and Rhinebeck and affiliated centers. Some large hospitals for chronic cases are offering a sliding scale of wages which begins at \$12 and reaches as high as \$18 a month. It is expressly stated however that this is not to be thought of as remuneration for services but only for textbooks and uniforms, though why the need for uniforms does not remain uniform is one of those unfathomable hospital mysteries and one can hardly be blamed for imagining the increase was because the hospital authorities considered their services more valuable in the last six months. The length of training seems to be a very disagreeable point, the time ranging from a minimum of eleven weeks to a maximum of eighteen months, while one center requires two years on its registry with six months' actual training.

The correspondence schools I shall not discuss for it is obvious that anyone who attempts to teach by correspondence a practical subject calling for actual practice as a mark of efficiency, proves it worthless at the start.

The training center idea, with the advantage of a small hospital of eight or ten beds, such as the Thompson group offers, while better than practice with a mannikin, does not provide the pupil with any opportunity to observe a number of patients suffering from the same

form of acute or chronic disease, nor does she have the advantage of familiarizing herself with the use of sickroom appliances on any considerable scale, when her hospital experience is limited to a few patients for a period of four months.

It is argued that the women who go for this training are women with more or less experience in both household work and the care of the sick, and that therefore they have been partially trained before they begin. This argument may hold good with a few but must we not look ahead to the probable passage of the Health Insurance Bill which, when carried into effect, will call thousands into this work who otherwise would have gone to the shop or factory? They will become candidates for this field of service and their youth will preclude the possibility of their being experienced in either of these occupations. The question is, then, will six months be sufficient time to teach them the things they must know to be of any value whatever? We shall want them to understand plain cooking and to a certain extent the buying of food and the providing of a diet which will be at the same time nourishing and economical. They must know how to do ordinary housework in order to assist in it if necessary, how to care for the children and feed the baby, how to give the patient a bath, take the temperature, pulse and respiration, and do simple recording, and the keeping of notes, which means a training in observation and practice impossible to get in a small hospital. They must know how to make and apply poultices and stupes, give douches and enemas, bandage simple wounds, put on maternity binders, how to avoid bed sores and to give the simple massage necessary for bed-ridden patients. They must also understand the care of sickroom utensils, and disinfecting of clothing, etc.

It seems as if we were attempting to put a great deal into this six months. Plain cooking and the household work and buying would almost require this length of time. It might be urged that they will continue under supervision and that the training would go on indefinitely. Not if I am any judge of human nature! Back we must come to the truth, which is that the majority of patients will object to being used as subjects for training our pupils and that it would require a larger staff of supervising nurses than we shall be able to have for such an intensive teaching. And moreover, the pupils themselves will object to unending lessons unless the teachers are unusually tactful.

The chronic hospital, while offering a varied experience in the care of the patient and the preparation of his diet, lacks the opportunity for experience in the rural or city home. At the same time it runs the risk in its course of eighteen months' continual hospital work of turning

out practically a trained nurse without the education to realize her limitations, and one who would probably be unwilling to assist in any practical care of the household. She will resent supervision because the hospitals do not consider it necessary or, if they do approve of it, have no way at present of securing it and have not trained them to expect it.

From the foregoing, it would seem that possibly the ideal training would be one that combines the advantages of the large hospitals for chronic patients with training for an equal period under the close supervision of the public health nurse in the rural district, or the Visiting Nurse Associations in the city, depending on where the pupil intended to continue her work. It has been argued by some that the attendants need no home training if they have had a chronic hospital course; we might as well argue that the public health nurse needs no special training for her work, that her hospital work will fit her for any emergency. Those who advance this argument should put a graduate, fresh from the hospital, on duty as a public health nurse in a rural community and watch her for six months. The attendant certainly does, in my opinion, need the field experience for either city or rural work.

The course being tried out by the Dutchess County Health Association differs from the others in that it combines experience in the large hospital for chronic patients with an equal period of training under the supervision of the Dutchess County Health Association, of Dutchess County, N. Y., and the public health nurses in rural communities. Its affiliation with the Montefiore Home Hospital gives its pupils an opportunity for varied experience. This hospital contains 450 beds for chronic patients in its wards and a private pavilion of 50 beds. It also offers an elective course in tuberculosis nursing in the Bedford Hills Sanitarium. The experience in the care of the chronic patient with especial emphasis on massage and baths, is exceptionally valuable. An opportunity is here presented for the attendant to see many cases and meet many situations which would be denied her in a small hospital whose capacity was limited to eight or ten beds.

It has been objected that the attendant, after this experience, would be dissatisfied to continue her work in a rural district. This objection cannot be answered from experience at present but we feel it to be a remote possibility in view of the six months of field training under the rural public health nurses. It is hoped that during this period the attendant will establish such friendly relationships among the people with whom she is thrown that she will decide definitely to settle in their midst.

Moreover, the six months of close supervision which the public health nurse with whom she is associated will exercise over her will tend to form a habit of supervision and create a desire for its continuance. If her supervisor is tactful and capable, the attendant will readily realize the value of supervision and will have no desire to work in a place where it is lacking.

The Dutchess County Health Association hopes eventually to provide living accommodations for a certain number of attendants at its center, after they have finished their course and while on the waiting list. This would bring them to the center more or less frequently, where efforts would be made to keep up their interest in the work as a whole. Stimulating talks will be given to them from time to time with the object of creating a spirit of fellowship among them and with the staff nurses, so that they will take pride in their own branch of service and endeavor to keep their work up to the standards which they themselves will help to create. A certain number of the most valuable ones will probably be put on salary by the Association in order to retain their services for the Association, as well as to keep their influence among their associates in the work. The value of this plan should appeal to all who have experience in any work which has to do with groups of women.

Conclusion. In view of the fact that both large chronic hospitals and visiting nurse and Health Associations seem to be logically necessary in the training of attendants, my closing suggestion is that a plan be worked out in detail whereby these two would combine and coöperate in such a way as to offer a somewhat shorter course in the hospitals for chronic cases than they now require, supplemented by a three or six months' course under the tuition of the nursing centers. The centers could then combine to control the registries for this class of service and would thus regulate both supply and demand. If all candidates for this work were sent to the hospitals, the hospitals might in turn agree to have their teaching and training in the wards done by registered nurses. Two classes of training might be offered, one leading to continued work in institutions, and the other as assistants to public health nurses in the rural communities, or in the same class of work for Visiting Nurse Associations in the cities.

This plan, if developed, would do away with the awful bugbear of the "invasion of our rights," and "lowering of our standards" for it would give the control of the entire field into the hands of the nursing profession and would work for the common good of the registered nurses, the attendants, and the public.

In the discussion that followed these papers Miss Parsons stated that one reason trained nurses had opposed the training of attendants is that they feel all sick persons should have the best skilled care, another is that often women trained as attendants do not remain attendants but pose as nurses. "They want first to see the word 'nurse' protected," but "the idea of having centers wherein the training can be looked after and where there are competent persons to direct their activities seems ideal." She thought the amount expected of an attendant was appalling.

Miss Hilliard emphasized the need of compulsory registration for nurses and the necessity for training nurses and attendants in separate institutions.

Miss Goodrich said the type of illness, not the pocketbook, should determine the kind of care the patient should have, but there were innumerable cases that could be adequately cared for by the attendant. She urged the necessity of training these women for the simpler duties needed for a chronic invalid and of not giving them the more technical nursing duties. "The things they need to know are how to feed the sick, how to make attractive trays, how to ventilate the room, how to care for the room and for the patient's bed; how to care for the home, how to feed the sick person and how to feed the child. The child is the most neglected person in the community, and the child is the most important person in the community. Upon that child depends the wealth and success of our nation; and I conceive that if we give a very careful and comprehensive course in the care of the normal child we should be doing a great deal."

The subject of the second session was The Training School and What It Should Accomplish, Miss Parsons presiding. The first paper, by Dr. A. R. Warner, was read by title only. It will be found in *The Modern Hospital* for May. Miss Wheeler's Paper on A Central School will appear in the August JOURNAL, also a summary of the reports on endowments of schools of nursing.

Monday Afternoon Session, Subject: Health Centers, Dr. Samuel McClintock Hamill presiding. Papers by Miss Ross, Dr. Bishop and Dr. White (to be published in the August JOURNAL).

Second Session, Social Hygiene, Miss Goodrich presiding, papers by Dr. Thompson and Mrs. Falconer (to be published in the August JOURNAL).

See
23 Report
n. c. a.
P. 185-
Pub. by
J. S. H. Prop.

BUSINESS SESSION

REPORT OF THE BOARD OF DIRECTORS OF THE AMERICAN JOURNAL OF NURSING

We have had three meetings of the JOURNAL Board during the year, two on January 20, 1916, and one on November 1. The stockholders' meeting was also held on January 20. As far as the financial condition of the JOURNAL is concerned, we feel that it is good. We were able to pay a 4 per cent dividend last year, and again a 4 per cent dividend on the 1st of March, 1917. We have increased the salary of the assistant business manager, who has been with us nearly three years. We have also appropriated a permanent salary, although small, for the six department editors. The salary is only \$150 a year, but that is at least a beginning. Previous to this they have been paid at the usual rates of so much per page, and in order to supply twelve numbers with suitable material it has been a considerable tax upon them. Therefore we have now appropriated a small amount, with the understanding that the individual to supply the material shall be paid at the usual rate of half a cent a word. At the meeting of the JOURNAL Board held on the 20th of January, the president, secretary and treasurer were reelected to serve another year. During the year 1916, a determined effort was made to increase the number of subscribers and as a result of this intensive piece of work we secured approximately three thousand new subscribers to the JOURNAL. This was done by circularization and by visits throughout the country by the assistant business manager. It was done at the expense of the JOURNAL, which appropriated a certain amount of money for this purpose. At the January meeting in 1917 it was decided not to carry on the work quite as extensively this year, but at the same time to continue our efforts to increase the number of subscribers. It is felt that we might possibly do a better piece of work by appropriating money for the salary of a secretary who might work in connection with the League and with the American Nurses' Association throughout the country. Consequently, today, the Board of Directors decided to appropriate \$2000 to be used for this purpose, and it has also decided to recommend the continuance of the committee that was appointed by the League and the American Nurses' Association last year to continue the necessary investigation of recommendations that would be required to establish this venture upon a proper basis. I believe Miss Eldredge represented the League and Dr. Criswell the American Nurses' Association. The JOURNAL has appointed Miss Lawler as its representative on this committee. The

Board also voted today to offer the JOURNAL at \$1.50 to subscribers who were members of any organization having membership in the American Nurses' Association, and including the JOURNAL in the annual dues. It has been difficult to know how to approach this matter and put it on a proper basis in order to make it work. Consequently this step has at last been taken, that for such organizations as already have a membership in the American Nurses' Association and who wish to have the JOURNAL included in their annual dues, the JOURNAL Board stands ready to give it at the rate of \$1.50. I think you will agree with me that the JOURNAL has improved in many ways. We hear it from all directions and we believe that it has continued to fill an important place in the work of our association and has reacted beneficially upon our schools and upon our individual members. We are grateful to the members of this association for their assistance in whatever way, whether in securing subscribers or in continuing their own subscriptions or in sending to us desirable material for the magazine. May I thank you on behalf of the Board for this continued interest.

CLARA D. NOYES,

President of the Board of Directors.

MISS GOODRICH: When we think of what the pioneer members of the first JOURNAL Board undertook, Miss Davis, Miss Palmer and the others, their daring in undertaking to carry it on, we realize that we benefit by their efforts.

The report was accepted with thanks.

Miss Dalbey asked whether the special rate of \$1.50 applied only to state associations. Miss Goodrich replied that it was applicable to any affiliated association if every member subscribed, through her dues.

Pledges to the Relief Fund were then asked for and were given in great numbers and with much enthusiasm. Miss Goodrich reminded those who could not pledge at this time that they could do so later through their State Relief Fund Committees. She then asked them to consider the question, brought up last year and held over to this, of changing the name of the Relief Fund. She stated that recommendations against such a change had been received from the Relief Fund Committee and from the Advisory Council.

Miss O'Connor moved that we retain the name of the Nurses' Relief Fund. The motion was carried.

Miss Goodrich then asked for consideration of the McIsaac Fund.

Miss DeWitt, secretary of the Robb Memorial Fund Committee reported for that committee that, while not seeking control of the McIsaac Fund, it would be glad to administer it, if the delegates so desired. She also stated the need for loans in connection with the scholarships.

Miss Golding moved that the McIsaac Fund be established as a loan fund for educational purposes in connection with the Robb Memorial Fund. The motion was carried.

The meeting adjourned.

MONDAY EVENING SESSION

Subject: The Red Cross.

The meeting was held in the Academy of Music, Miss Delano presiding. Addresses were given by Clara D. Noyes, Warren P. Wilson, and Eliot Wadsworth. (To appear in the August JOURNAL).

TUESDAY MORNING SESSION, MAY 1

Subject: The Relation of Clinical Records to Vital and Morbidity Statistics: papers by Dr. Louis I. Dublin and Dr. Hugh Auchincloss. (To appear in the September JOURNAL).

BUSINESS SESSION

Miss Goodrich announced that the act of incorporation under the laws of the District of Columbia had been signed and forwarded to Washington to be filed.

You would perhaps like to know that Miss Delano, Miss Noyes, Miss Nevins, Miss Sly, who has done such conspicuous work in the revision, and your president, had the honor of signing that act of incorporation, and we are now ready to take up the resolution which the lawyer from Washington prepared, in its order, as the next procedure in our business.

PROPOSED RESOLUTION

WHEREAS this association has determined to surrender or abandon its franchise as a corporation under the Laws of the State of New York and to re-incorporate under the Laws of the District of Columbia,

Therefore be it resolved that under the filing of a certificate of incorporation in the office of the Recorder of Deeds of the District of Columbia and otherwise complying with the Laws of the District of Columbia respecting the formation of associations "Benevolent, Educational, etc." being Section 599, et sequitur of the Code of Laws of the District of Columbia that;

The trustees of this association are authorized, empowered and directed to convey and transfer to the newly formed corporation all of its assets of every kind and character and thereafter said Trustees are empowered to take such steps as may be prescribed by the Laws of the State of New York to accomplish the surrender of the charter of this association, and

Be it further resolved that all debts and liabilities of this association shall by resolution of the incorporators of the new association be assumed by the new association.

[NOTE. The assumption of the debts of the old association by the new one will not operate to discharge the old association and a surrender of the charter of the old Company cannot be effectual until all the debts are paid.]

Miss Gillespie moved that the resolution be adopted. The motion was carried.

The proposed amendments to the by-laws were then considered, being read by Miss Sly, chairman of the Revision Committee, one at a time, as follows:

First. Article II. Officers. (To become effective after another charter has been secured.) Amend by substituting:

The officers of this association shall be a president, a first vice president, a second vice president, a secretary, a treasurer and six directors. These eleven, with the president of the National League of Nursing Education, and the president of the National Organization for Public Health Nursing shall constitute a Board of Directors.

Miss GOODRICH: If I am not mistaken, the only change in this is that we now authorize the placing on the board of directors, as ex-officio members, the presidents of the two national organizations, one of the purposes of this change of the incorporation. What is your pleasure concerning this?

Miss Krueger moved the adoption of the amendment as read. Mrs. Crass asked whether the association should not first vote on the by-laws formerly passed upon under this charter before taking up new amendments. Mrs. Fox, parliamentarian, replied that this was not necessary, as the incorporators under the new charter had voted that the by-laws of this association as incorporated under the state of New York should be the by-laws of the new organization. There was then discussion as to whether the chairmen of sections might be members of the board of directors. The consensus of opinion was that as chairmen of sections are members of the Advisory Council, it is better to wait until one of them should develop into a national body and then provide for it on the board of directors. The motion to adopt the amendment was carried.

Second. Article III. Elections. Section 1, last paragraph. Amend by substituting:

At the biennial convention held in 1918, three directors shall be elected to serve from 1919 to 1920; three directors shall be elected to serve for four years; and in 1920 and every biennial convention thereafter, three directors shall be elected for four years. All elections shall be by ballot.

This amendment was adopted on motion of Miss Rockhill.

Third. Article VI. Advisory Council. Section 2. Amend by substituting the words, "by the state association," for the words, "for that purpose," making the section read:

In the absence of the president of a state association a state may be represented in the Advisory Council by an alternate appointed by the state association.

This amendment was adopted on motion of Mrs. Twiss.

Fourth. Article VIII. Dues. Amend by striking out Sections 1, 2, 3, 4, 5, 6, 7 and 8, and substituting:

Section 1. The annual dues from each state association shall be fifteen cents per capita.

Section 2. All dues shall be paid not later than December 31st.

Section 3. Each state association shall pay dues on the basis of membership the first day of December.

Before this amendment was voted upon there was discussion regarding the standing of permanent members who do not resign, as it is desired they should do, to simplify the membership of the association, —whether dues should not be provided for such as remain members. It was decided that such action should be taken next year at the time these new by-laws go into effect. The amendment as read was adopted on motion of Miss McKinley.

Mrs. Crass then moved that the Revision Committee be instructed to prepare an amendment to cover the question of dues for permanent members. After a good deal of discussion and explanation to make it clear that the motion was intended to provide only for such permanent members as do not voluntarily resign, the motion was carried.

Fifth. Article IX. Meetings. Amend by substituting:

Beginning in 1918, this association shall hold a biennial convention at such place as may be determined upon by the association and at such time as may be determined by the Board of Directors.

This amendment was adopted on motion of Miss Eldredge.

Sixth. Amend by substituting "biennial" for "annual" and "biennially," for "annually," wherever these words appear throughout the by-laws.

This amendment was adopted on motion of Miss Kennedy.

Seventh. Article XI. Representation. Amend by striking out Sections 1, 2, 3, 4, 5, 6, and 7, and substituting:

Section 1. The voting body at each convention shall consist of the regularly accredited delegates from the state associations.

Section 2. Each state association shall be entitled to one delegate for every fifty members. Any state association having less than fifty members shall be entitled to one delegate.

Section 3. State associations entitled to more than one vote may send a delegate or delegates with power to vote as proxy; such delegates to present credentials showing the number of votes to which their state association is entitled. No vote as proxy shall be allowed except in the election of officers.

Section 4. A delegate may be represented by an alternate elected in the same manner as the delegate.

This amendment was adopted on motion of Miss Robinson.

Eight. Substitute "State Associations" for "organizations" wherever the word "organizations" appears and means state associations.

This amendment was adopted on motion of Miss Eldredge.

Ninth. Article XIII. Fiscal year. Amend by substituting:
The fiscal year of this association shall be the calendar year.

This amendment was adopted on motion of Miss Howard.

Miss Goodrich then announced that a new amendment had been prepared which involved inserting a new section in the by-laws and asked that Miss Sly read it, which she did as follows:

The term "state" in these by-laws shall be understood to apply equally to any state of the United States of America, to the District of Columbia, to any territory or to any possession of the United States of America, and the rights, privileges, responsibilities and obligations of all members in the state, the District of Columbia, the territories and possessions, shall be the same.

MISS GOODRICH: I perhaps should explain to you that we have had an application from Alaska. I am sure you will be delighted to know it. We also have a request from the Philippines, asking if they could have an application sent them, and I am sure you are as rejoiced as the Board of Directors was to hear this; we want to provide so that those territories or possessions shall have the same representation as would a state, that the members shall come in the same way. This by-law can be adopted by a unanimous vote.

Miss Shellabarger moved the adoption of the amendment. Miss Davis suggested adding the word "dependencies" to "territories and possessions." The amendment was adopted and the section as amended was adopted, making it read:

The term "state" in these by-laws shall be understood to apply equally to any state of the United States of America, to the District of Columbia, to any territory, possession or dependency of the United States of America, and the rights, privileges, responsibilities and obligations of all members in the states, the District of Columbia, the territories, possessions or dependencies, shall be the same.

REPORT OF THE FINANCE COMMITTEE

I have carefully examined the state of the treasury with the help and coöperation of the treasurer whose work, in my opinion, is not only above criticism, but deserves high commendation. The balance on hand and what we may reasonably expect to receive in annual dues will, I believe, allow the American Nurses' Association to disburse \$5000 the coming year. The following is an itemized budget:

Convention expenses.....	\$800
Executive committee expenses.....	600
Stenographer, (annual meeting).....	350
Office and officers' expenses, including typewriting, postage, stationery, etc.,.....	300
Printing, including programme, by-laws, etc.,.....	350
Expense of special committee, (by-laws, etc.),.....	100
Extra cost convention number JOURNAL.....	600
Salary secretary and treasurer.....	1200
Incidentals and minor expenses.....	200
	<hr/> \$4,500

This totals \$4500, and if not exceeded, would permit additional appropriations to the extent of \$500 for any purposes which are more for our advancement than an increased surplus in bank. In view of the unsettled conditions which prevail throughout the country, and the uncertainty of what expense or loss may attend reorganization, I advise that the total disbursement for the coming year should not exceed the liberal sum of \$5000.

MARY L. KEITH, *Chairman*.

Pledges for the Relief Fund were then called for and many were given, including those given by twenty-five permanent members who resigned as such and agreed to pay to the Relief Fund each year the amount they had been paying as dues to the association. Pledges to the Robb Memorial Fund and to the McIsaac Fund were also made.

The following resolution was then offered by Miss Riddle:

This American Nurses' Association, in convention assembled in Philadelphia, on this first day of May, 1917, would offer the following resolution:

WHEREAS, it is true that nurses who are responsible for the actual nursing of the patients in the military hospitals have no authority to regulate hygienic conditions therein; and

WHEREAS, this situation tends to discourage nurses from undertaking the work; and

WHEREAS, this is a danger to the hospitals' population; and

WHEREAS, it has been found essential in representative civil hospitals to place upon the nurses the responsibility of the care of the patients, the wards and operating room and the cleanliness and order pertaining thereto:

Therefore, be it resolved: that it is the sense of this meeting that the proper military authorities should be requested to specifically define the status of the nurse and confer upon her the authority necessary to control the situation, to the end that the general welfare of the sick may be promoted and a very grave danger to the well, averted.

The resolution was adopted by unanimous vote, and it was decided that Miss Delano and Miss Noyes should be consulted as to the proper official to receive the resolution.

On motion of Miss Deans, the assembly adopted a special vote of thanks to Sophia F. Palmer for the help she had given the reorganization by her special editorials on the subject.

Miss Rockhill asked whether, after the reorganization, the state presidents would have voting privileges. After some discussion it was decided that each state will have the power of deciding as to its own delegates and that it may make the president one of them.

On motion of Miss Gillespie, a committee was appointed, to draw up resolutions of loyalty to be sent to President Wilson. Miss Goodrich appointed: Miss Riddle, Miss Gillespie and Miss Kreuger.

The meeting adjourned.

TUESDAY MORNING JOINT SESSION

Subject: Problems of Teaching, Sara E. Parsons presiding. Papers by Ambrose L. Suhrie, Ph.D., Elizabeth Burgess and Anne H. Strong. (To appear in the September JOURNAL).

TUESDAY AFTERNOON SESSION

Subject: The Relation of the Private Duty Nurse to the Public, Frances M. Ott presiding. Papers by Carolyn Gray and Marie Lockwood. (To be published in the September JOURNAL).

TUESDAY EVENING SESSION

The evening session was a practical demonstration by student nurses from Philadelphia schools under the direction of Sara M. Murray, Educational Director.

I. (a) Making of a Bradford Frame Bed. Technic by Miss Ophelia M. Feamster. Demonstration by student of the Philadelphia General Hospital. (b) Dry Cupping by student of the Jewish Hospital, Philadelphia. (c) Dry Pack by student of the Frankford Hospital, Philadelphia.

II. Demonstration: How to Teach Solutions—Theoretically and Practically. Instructor, Amy M. Trench, Resident Instructor, Mt. Sinai Hospital, New York. Students of the Philadelphia General Hospital.

WEDNESDAY AFTERNOON, MAY 2, CLOSING BUSINESS SESSION

REPORT OF THE SOCIAL HYGIENE COMMITTEE

The Committee on Social Hygiene, appointed in 1916, upon the request of Dr. W. B. Snow, consists of the chairman, representing the American Nurses' Association, Katherine Tucker, representing the League, and Agnes McCleary, representing the public health nurses. The purpose of this committee is to discover how the nursing profession can aid most effectively in the splendid effort being made to eradicate syphilis and gonorrhea, the diseases which leave in their wake so much mental and physical disability and death. As a preliminary step your chairman held a conference last October with Dr. W. B. Snow, representing the American Public Health Association and the American Society for Social Hygiene; Michael Davis, representing the Association of Hospitals and Dispensaries, and Dr. William A. Sawyer, representing the State and Provincial Health Officers. At this conference Dr. Snow explained that gonorrhea and syphilis, commonly referred to as social diseases, might be considered either as a social problem or a public health problem or both. In his opinion, much could be accomplished by regarding the prevention and cure of these diseases as a public health problem, in the solution of which doctors, nurses, hospitals, dispensaries and health departments should closely coöperate. Accordingly he had formed the Committee which I have described and which represents the activities which he hopes in time to correlate in a systematic attack upon the social diseases. Dr. Snow has not as yet suggested a detailed working plan, since he feels that we shall accomplish more by working very slowly and deliberately for a while. He feels it necessary, however, that we undertake at once what might be described as an educational campaign among nurses, making clear what most nurses at present do not know: the causes, methods of prevention and cure and the widely-ramifying physical and social effects of gonorrhea and syphilis. Accordingly there is no report of work done by this committee, but Dr. Snow feels that a beginning has been made by assembling the group which I have described and by each becoming aware of his relation to the others in this phase of public health work. It is Dr. Snow's hope that each representative will keep informed of the activities and possibilities for work by his or her group and through repeated conferences of the representatives, dove-tail the various branches of this work, so that in the end we shall have a comprehensive working plan. For the present we recommend simply that assistance in work for the control of social diseases be accepted as one of the responsibilities of the nursing profession and that the subject be discussed as widely

and freely as possible in training schools, alumnae associations, state and national organizations of nurses, and in the pages of the various nursing journals.

CAROLYN C. VAN BLARCOM, *Chairman*.

REPORT OF THE SECTION ON PRIVATE DUTY NURSING

From the various discussions and the round tables, we have the following brief report:

First, we recommend reading the *AMERICAN JOURNAL OF NURSING*. (Take it, of course).

Second, tabulating nurses who are not registered, acting as private duty nurses and so on. Private duty nurses will know what is meant.

Third, tabulating all the cases and reporting same to the chairman of the section.

Fourth, scale of rates to be adjusted locally in coöperation with the nurses from an educational standpoint.

Fifth, twelve hour duty in hospitals for private duty and special nurses.

Sixth, organization of private duty sections in the states.

FRANCES M. OTT, *Chairman*.

REPORT OF THE COMMITTEE ON MENTAL HYGIENE

In order to prevent duplication and to strengthen and unify the work on mental hygiene, we recommend to the National Organization for Public Health Nursing and to the National League of Nursing Education that no separate committees be appointed for their organizations other than representation from these organizations on the Mental Hygiene Section. We also recommend that the officers of the section consist of a chairman and secretary to be appointed by the president of the American Nurses' Association, the chairman to appoint her own committee. It is felt that the committee should consist of nine members to be divided into three sections according to locality, each section to be composed of one representative from each of the three national organizations. The committee would request that one joint session be given at the next conference to the Mental Hygiene Section, the topic to be presented from the standpoint of the training school, the private nurse and the public health nurse.

ELNORA THOMSON, *Chairman*.

The secretary read a letter from Miss Dock asking the delegates to consider inviting the members of the International Congress of Nurses to meet in the United States at the first gathering after the conclusion of the war. This matter will be further discussed at the 1918 convention.

Miss Jammé reported that the Legislative Committee in its suggested curriculum had provided for more training in the care of children than had at first been suggested, making the period one of two months.

REPORT OF THE ROUND TABLE ON LEGISLATION

The Round Table on Legislation was called to order at 3.30 p.m. April 30, with Anna C. Jammé presiding. The following states were represented by members of their Boards of Examiners: California, Connecticut, Delaware, Illinois, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, New Jersey, Ohio, Oregon, Tennessee, Virginia and Wisconsin. The first subject for discussion was the suggestion of Dr. Matson of the Ohio State Board for a federation of the state boards of examiners. The discussion showed the necessity of a section in connection with the American Nurses' Association. A motion was made by Miss Dougherty and seconded by Miss Daspit that the round table apply to the American Nurses' Association for a Section. Motion carried.

Anna C. Jammé of California was chosen as chairman of the Section, she to appoint the vice chairman and secretary of the Section.

During the discussions the opinion was that eventually we should be able to base reciprocity on a national standard requirement for training schools; that registration fee should be \$10.00; that boards of examiners should inspect all training schools requiring registration of pupils; that standardization of training schools should be done through the boards of examiners and members of boards so doing be paid per day and expenses; that graduation should mean the date upon which the pupil finishes her course in the hospital; that the time for children's service should be at least two months. It was suggested that each state confer with this section before amending its laws.

MARY E. ROCKHILL, *Secretary pro tem.*

MISS GOODRICH: I want to ask that every person who goes back and has any relation to a training school for nurses will call the attention of the authorities to the need of finding somewhere a little longer and more adequate experience in the care of sick children than two months would supply. There will never be any time in the history of the world that nurses will need to know as much about

children as in these coming years. The children will be there. I know in New York State when I was inspector, and when the statistics were shown as to infant mortality, the infant mortality was highest in one or two of those cities that claimed it was not necessary to teach nurses about children, because the children were in such good health.

The question was then discussed of joining the General Federation of Women's Clubs. Mrs. Fox was asked to explain what advantage there would be in joining as a national association, since so many of the state associations are members. Mrs. Fox explained that a national association does not become a member of the General Federation, but becomes affiliated. The dues would be \$5. It may send three delegates, but they would have no vote. The advantage would be in associating with a great body of women and there would be an opportunity for making the members of the Federation better acquainted with our aims and standards. On motion of Miss Ayres it was decided to affiliate with the General Federation.

The report of the general registration was given by Miss Murray and a special vote of thanks was given her for the work she had done, requiring her attention during the entire convention. She reported a total registration of 731 delegates and of 460 guests. All states were represented except Idaho, Mississippi, South Carolina and South Dakota.

The president then appointed two members of the Nominating Committee: Mrs. Charles D. Lockwood and Edith P. Rommell. Three members were nominated from the floor and elected: Anna Davids, Sara M. Murray, Anna L. Tittman.

On motion of Mrs. Twiss a rising vote of thanks was given to Mrs. Fox and to the members of the Revision Committee, Misses Sly, Deans and Ahrens, for the immense amount of work they had performed for the Association during the past year.

REPORT OF THE COMMITTEE ON RESOLUTIONS

WHEREAS: The various official and unofficial organizations of Philadelphia have extended such gracious and generous hospitality to those assembled at the annual convention of the American Nurses' Association held in Philadelphia, April 26 to May 2, 1917,

WHEREAS: This consideration has so greatly added to the pleasure and effectiveness of these meetings, be it

Resolved: That the American Nurses' Association express its sincere and genuine appreciation to Hon. Thomas E. Smith, Mayor, to the Department of Public Health and Charities, to the Philadelphia Chamber of Commerce, to the local Arrangements and Programme Committees, .

WHEREAS: The clergy of Philadelphia opened their churches to the members of the American Nurses' Association, during the present annual meeting and lent such spiritual dignity and encouragement to this convention,—be it

Resolved: That the American Nurses' Association, offer an expression of its appreciation for the inspiration and encouragement given to its members at this time.

WHEREAS: The local associated press has reported with such accuracy and clear understanding the various sessions of the Convention assembled, in spite of the pressure for news crowding their pages at this time, be it

Resolved: That the American Nurses' Association, extend to the local and associated press an expression of its recognition and gratitude for their valued co-operation and assistance in spreading the message, which the nurses' organizations have been desirous of giving to each other and to the public.

WHEREAS: The management of the Bellevue Stratford Hotel has made such splendid provision for our comfort, and has made such excellent arrangements for our meetings, be it

Resolved: That we, do convey to the management our heartiest thanks.

WHEREAS: The splendid success of this convention has been in so great a measure due to the untiring zeal of the executive officers, and the Chairmen of the Committees, and all those contributing to the programme,—be it

Resolved: That we do extend to them our gratitude for the inspiration of these meetings.

CAROLYN C. VAN BLARCOM, *Chairman*

Miss Riddle, as chairman of the committee appointed for that purpose, read the following resolution which was adopted by a rising vote:

The American Nurses' Association convened in Philadelphia on this the second day of May, 1917, would offer the following:

WHEREAS, the lives of American citizens were jeopardized upon the high seas and even threatened in our beloved land, and

WHEREAS, the free public institutions with the blessings of liberty they secure to us and our posterity were endangered, and

WHEREAS, after the exercise of profound and long-suffering patience under duress, the President of these United States of America reluctantly admitted the existence of a state of war between our country and a foreign power, therefore be it

Resolved that this great body known as the American Nurses' Association, numbering forty thousand women, does hereby extend to the President of the United States its sympathy in his hour of trial and its confidence in his ability to guide us safely through this crisis, and be it further

Resolved that we pledge our best service to the nation wherever called upon to render it, either in home or foreign field, in the daily routine of civil or military hospital, or in the equally great effort to conserve, protect and strengthen the health and endurance of the citizen population the men, women and children at home in our land.

(NOTE—Upon the receipt of this resolution, the President sent the following reply: "The President thanks you cordially for the good will which prompted your kind message, which has helped to reassure him and keep him in heart.")

Miss Davis then submitted the following resolution which was adopted unanimously:

Resolved that the American Nurses' Association in twentieth annual convention assembled, send cordial greetings to Miss Linda Richards, the first nurse trained and graduated in America.

Miss Goodrich then called on Miss Eldredge, acting chairman of the committee on an interstate secretary, for a report of the work of that committee. Miss Eldredge reported that the questions considered had been how much salary could be offered and by whom it should be paid; the consensus of opinion was that it should be \$2000 and that it should be shared by the American Nurses' Association, the League and the JOURNAL. The definite proportion to be paid by each was not established.

Miss Goodrich reminded the delegates that the JOURNAL Board had offered to pay \$2000 toward the salary of the interstate secretary.

Miss Parsons reported for the League that it had agreed to contribute from \$300 to \$500 for the same purpose, and then added, "I hope you will also be glad to hear that our Educational Committee has finished a work of great importance that it has been spending a good deal of time on during the last two or three years. The recommended curriculum for the schools of the United States is now in press and it can be had by sending to Teachers' College. Miss Nutting is the chairman of that committee and it will probably be sold at cost. We have left it to the committee to charge whatever seems right, so that the money that has been spent on this work shall go back into the treasury for more educational work. We have increased our membership by 102 members at this convention. That is the largest increase in any one year that the League had has to report."

Miss Goodrich announced that the League had appointed Miss Nevins to act as its representative on the Committee on an interstate secretary and that this Association would appoint its representative later. She asked the delegates not to confuse the curriculum prepared by the Legislative Committee with that prepared by the League. Miss Jammé's committee has prepared one that may be considered to cover the minimum requirements. The League curriculum is for schools that are ready to adopt something higher.

The secretary reported that the Advisory Council at a meeting preceding this session had advised the reprinting of the pamphlet on Accredited Schools, that it be revised, and that in deciding which schools are accredited, the committee shall correspond with the officers of state associations as well as with the boards of examiners.

Mrs. Twiss reported that it had cost \$192 to print 1000 copies, that the returns from sales had been about \$75, leaving a deficit of about \$117.

Miss Deans moved that the pamphlet be reprinted. This was amended by Mrs. Warner to the effect that the pamphlet shall show which schools are accepted as accredited by the State Nurses' Association as well as those accredited by a state board.

Miss Goodrich explained that the point of the amendment is that we ought to be able to know when we look at that book which are the training schools that are maintaining the standards that we should like to recognize and which are maintaining simply standards that the state is forced to recognize. The motion as amended was passed.

Invitations for coming conventions were then read by the secretary as follows: for 1918, in Cleveland, Ohio; for 1918 or 1920, in Providence, Rhode Island; for 1918 or 1920, in Atlanta, Georgia; for 1918, in Milwaukee, Wisconsin.

On motion of Miss Ayres, Cleveland was chosen as the place of meeting for 1918.

The report of the tellers was given by the chairman, Miss Hills, who reported that 406 ballots had been cast and that the following officers were elected: President, Annie W. Goodrich; first vice president, Adda Eldredge; second vice president, Elsie M. Lawler; secretary, Katharine DeWitt; treasurer, Mrs. C. V. Twiss; directors, Ella Phillips Crandall, Mary C. Wheeler.

On motion of Miss Lawler it was decided that the ballots be destroyed.

In accepting office again Miss Goodrich said, in part:

"I want to thank you for the splendid way in which you have upheld my hands during the past two years and assisted me in the little effort that I can make; and in the splendid effort that the Revision Committee and others have made to carry on this reorganization of membership. I want to tell you how deeply grateful we all are that we are now incorporated under the District of Columbia and that the reorganization can now proceed. It could not have been done had it not been for the really strenuous efforts of the state presidents and the members of the state associations. I want to call your attention to what I feel is a very splendid development that we are going to have, that of our national sections. There are great problems, like the problem of the private duty nurse; Miss Ott has a conception of this problem, the way in which we can find out what the conditions are in the community and can begin to study the way in which nursing is done in the private families, whether by licensed or unlicensed nurses, by prepared or unprepared. This is a study we have needed for some time, and I believe under this great national section we shall reveal most instructive and interesting conditions. We also feel that through the Mental Hygiene Section and through the section which the Boards

of Nurse Examiners are organizing, another piece of constructive work is being done. No one can come to these conventions, no one can see the increasing number of people and the very intense interest in the problems in which they are concerned, without realizing that we are a great force in the community, and that every body of people interested in any special piece of work must know what is happening in all the other pieces of work and must correlate their piece of work with that of others and must also intensify their own, so that we may really do that which we have the possibility of doing all over this great United States.

"I feel that I want to say to you, because I see your very kindly thoughts concerning me, and because we are all of us too busy to lose any time, that I could not serve again. There are officers who must be appointed for a number of consecutive years whose duties are such that a sudden change would rather seriously, I think, interfere with the efficiency of this organization; but I am quite sure that the president should hardly have held this third term of office had it not been that at the moment we were carrying on a piece of reorganization, and therefore it was a duty that devolved on her to try to carry it through to a successful completion. I wanted to make this clear so that your nominating committees in the states would not be in a confused and uncertain state concerning the matter."

The other officers who were present expressed their interest in their work and their appreciation of the opportunity of continuing it.

After a motion of thanks to the officers and directors the convention was adjourned.

IMPORTANT ANNOUNCEMENTS

(As this issue of the JOURNAL is devoted to the proceedings of the American Nurses' Association, the ordinary material for the month is omitted or held over. Items sent for July will be printed in abridged form in August.—Ed.)

NATIONAL EMERGENCY NURSING COMMITTEE

At an informal conference held on June 4, a National Emergency Committee on Nursing was formed. Its membership is composed of the following persons: M. Adelaide Nutting, Chairman, Ella Phillips Crandall, Secretary, Annie W. Goodrich, President American Nurses' Association, S. Lillian Clayton, President National League of Nursing Education, Mary Beard, President National Organization for Public Health Nursing, Jane A. Delano, Chairman National Committee on Red Cross Nursing Service, Julia C. Lathrop, Chief Federal Children's Bureau, Dr. Hermann M. Biggs, Prof. C. E. A. Winslow, Dr. Winford H. Smith, Dr. S. S. Goldwater.

The purposes of the Committee are stated as follows: Owing to the present emergencies created by the war situation, this committee has been called together to devise the wisest methods of meeting the present problems connected with the care of the sick and injured in hospitals and homes; the educational problems of nursing; and for meeting extraordinary emergencies as from time to time they may arise. Prior to the formation of this Committee, Misses Wald, Nutting, Lathrop and Goodrich addressed the enclosed letter to the deans of women's colleges and of co-educational colleges. The Committee is now preparing another letter giving fuller information which will be addressed to each member of the graduating classes of these colleges. Other plans of a similar sort are in process of formation and will be reported from time to time in the pages of the JOURNAL.

"The national crisis brings an urgent call for the college trained woman, which we ask your help in meeting. The war has now drawn to service in France hundreds of our most highly trained and skilled professional nurses, and in our hospitals and in the homes of the sick poor the loss of such workers is already felt. But so appealing is the call from France that we cannot fail to answer it, nor can we fail to answer the call for the many more hundreds of nurses, which the next few months is almost certain to bring us.

"The withdrawal of many skilled workers from a field which is never adequately supplied inevitably brings about a critical situation, and the effect upon our hospitals and training schools will be particularly disastrous in that those called away are now including and will continue to include very many of the superintendents and teachers who are needed to direct the teaching and training of future nurses. Not less disastrous will be the shortage in the public health field. (By far the most important function of the visiting nurse is health education of the people. Never was there greater need for the conservation of child life. Never was there greater need for the fullest enlightenment of all classes of society concerning hygiene and sanitation. Reports are coming to us of an appalling increase on the other side of those diseases which cause the greatest ravages in the social structure and we are not likely to escape these results of

the war on this side. We shall need to increase greatly our forces of trained nurses in order to meet the grave consequences of throwing back into a country unable now to cope with its problems of poverty and sickness, these additional burdens of helplessness and disease. And we need to begin to train these larger forces for the certain task that is before us.

"No contribution to the solution of this problem can be made by the short popular courses in nursing now so widely offered and urged. To meet it intelligently and effectively we must be able to call upon workers trained to understand and deal with disease, and such training can only be secured in the hospital laboratory and under expert direction. Schools of nursing should be able to train most rapidly those whose previous education has included a good scientific ground work and some study of social subjects, and it is believed that such preparation as is obtained in our colleges justifies a shortening of the usual three year period of training in the regular schools of nursing.

"Because of the extraordinary condition a number of representative schools of nursing have, in response to our request, agreed to admit college graduates under specially advantageous conditions. Credit for a full academic year will be given to such candidates, who bring satisfactory scientific and other preparation and meet the usual requirements of these schools of nursing. For women so prepared the course of training will be brought into a period of two years exclusive of the brief term of preparatory work. It should be borne in mind that students in schools of nursing have usually no expense to meet for tuition, and in all schools board and lodging, laundry, and in some cases uniforms, are freely provided.

"The desire of our college women to render real service in this great crisis is taken for granted. We wish here to urge, with all the emphasis at our command, the double importance of the opportunity for service now offered them. As students of nursing in our great hospitals they are from the day of entrance helping to take care of the sick as an essential part of their training, and are at the same time steadily at work qualifying themselves to enter a professional field which will assuredly afford them abundant opportunities to utilize the highest powers they may possess.

"Because of the gravity of the situation with which we are confronted we feel it to be urgently necessary to take such steps as will look well to the future, and will enable us to meet its needs, in so far as they now appear to be foreshadowed. A national emergency committee on nursing is being created, which will probably exist throughout the duration of the war, and is now preparing to supply later fuller and more specific information to your students, and to give such further advice as may be needed. In order, however, that this matter may be presented to your graduating students before they disperse, we are sending you this informal letter, begging you to find some suitable way of bringing it before the students and giving it the weight of your sanction and approval."

A bulletin issued by Columbia University on the subject, Nursing as a Field of National Service for College Women, draws a clear distinction between the thorough training afforded by two years in a training school for nurses and the short courses being given under the auspices of the Red Cross to prepare women for care of the sick in their homes or to fit them to become nurses' aides. A list of the schools offering two-year courses to college women is given in this bulletin, as follows: Presbyterian, St. Luke's, Mt. Sinai, Bellevue and Allied, and the Post Graduate hospitals of New York City; Lakeside Hospital,

Cleveland, Ohio; Rhode Island Hospital, Providence, R. I; Hartford Hospital, Hartford, Conn.; Presbyterian Hospital, Philadelphia; and the Schools of Nursing of the Universities of Minnesota, Indiana, Cincinnati, Georgia, and of Washington University, St. Louis, Mo. Certain other schools will be added to this list as soon as they are able to adjust their requirements.

REPORT OF THE SPECIAL COMMITTEE APPOINTED BY THE
CHAIRMAN OF THE MAYOR'S COMMITTEE (NEW YORK
CITY) ON THE TRAINING OF VOLUNTEER
NURSES' AIDES.

Your committee to consider the question of a standardized course of training for nurses' aides, begs to submit the following: It appears that a plan for the training of Volunteer Nurses' Aides has already been worked out by the Red Cross Nursing Service, and that a course of instruction for that purpose has for some months been given in base hospitals. After carefully studying this plan in general arrangement and in detail, the committee finds that it provides a short, simple and well thought out course of instruction in theory and in practical work which, intelligently given, should enable those who have had it to give a good deal of useful service in hospital wards. With certain slight changes in the theory and a moderate increase in the amount of time devoted to certain practical procedures, the course appears to be a suitable one for the purpose for which it is intended. With this plan, therefore, already in operation and seeming to promise satisfactory results, the committee is of the opinion that no good reason exists for establishing another plan and creating new machinery to carry it out. The committee, therefore, recommends that the plan of training for volunteer nurses' aides now given in base hospitals under the auspices of the Red Cross Nursing Service be accepted and extended to such other hospitals as may be approved by the Red Cross for the purpose, and that such courses wherever given should conform substantially to this plan and be carried on under the same auspices. In view of the fact that hospitals lacking proper educational facilities and unable to offer a proper field for such training, are attempting to establish short courses of training, it is of considerable importance that such efforts should as far as possible be placed under the control of the Red Cross, which forms our national nursing service. In no other way can volunteer nurses' aides be given the official recognition which will make them available for service wherever they may be most needed. The plan of training for volunteer nurses' aides in connection with base hospital units calls for a short course of theory covering fifteen periods of two hours each (thirty hours in all for theory followed by a course of training in practical work in hospital wards, covering twenty-four periods of three hours each (seventy-two hours in all for practise). It is recommended that the courses of theory and practise be carried on in the manner described above, or concurrently, where that method proves more convenient to the hospital giving the course and that the period of practical work be increased from seventy-two hours to a maximum of one hundred and twenty hours. This increase seems advisable, not in order that the range of work for which nurses' aides should be prepared may be enlarged, but rather that more time may be given them to acquire some reasonable degree of skill and reliability in the performance of the tasks to which they may be assigned. The adjustment of the time in which these courses may be completed should be

left to the hospital selected. It may be arranged to cover a term of two months, calling for five 3-hour periods weekly, preferably in the morning when the best opportunities are available for such training. This would mean fifteen hours of practical work weekly, and the full one hundred and twenty hours would require a period of two months for completion. This the committee considers the best plan. Where desired, however, it may be completed in one month, this plan calling for six hours of work daily for five days in the week. These plans outline the scheme of practical work only, and are in addition to the fifteen periods of theory.

The general requirements laid down by the Red Cross for the training of volunteer nurses' aides are: (a) That candidates for admission to the course should not be under 23 years nor over 50. (It is recommended that they bring in addition satisfactory evidence of a good English education and of good moral character). (b) That a paid instructor be appointed for this special work who shall preferably be an enrolled Red Cross nurse, selected by the superintendent of nurses, and her appointment approved by the Red Cross Nursing Service. (c) That the number of persons admitted to classes in theory should not exceed 20, and that for practical work not more than 10 should be admitted to any hospital at any one time for training. (d) That the usual uniform for volunteer aides be worn during the training, but that the insignia of the Red Cross be allowed only when upon satisfactory completion of the course the aide is detailed to regular duty. (e) That students entering for training as volunteer nurses' aides should be enrolled by the Red Cross Nursing Service and that examinations be conducted and certificates awarded through that service. (f) That a suitable fee be charged for the course of instruction, of which 50 cents per capita be sent to the Bureau of Nursing Service at Washington.

With these general requirements and conditions your committee concurs, and recommends their adoption.

[SIGNED] M. A. NUTTING, *Chairman*
E. A. GREENER,
A. C. MAXWELL,
C. E. BATH,
A. HILLIARD

MISS MAXWELL HONORED

At the one hundred and sixty-third annual commencement of Columbia University, degrees were awarded to 2,338 persons, including ten honorary degrees, one of the latter being bestowed upon Anna C. Maxwell, directress of the School of Nursing of the Presbyterian Hospital, New York. In presenting the degree, President Butler spoke of Miss Maxwell as one who had for more than thirty-five years given talent, knowledge and high devotion to the training of nurses, and of nursing as taking a most important place in modern life. Ten graduates of the course in Nursing and Health received their B.S. degree and one her Master's.

LISTS FOR ROBB SCHOLARSHIPS REOPENED

Owing to the withdrawal for service abroad of some of the holders of the Isabel Hampton Robb scholarships, the committee has decided to reopen the list and to receive further applications for such scholarships from July 1 to Au-

gust 15. It is believed there may be nurses who can see their way now to undertake a year of college work (with the help which these scholarships afford) who were not able to make such arrangements last winter, and in view of the urgent need of specially trained workers in every nursing field, the committee is unwilling that any scholarship should remain unused if it can be suitably awarded. No one should apply who is enrolled for service with the Red Cross. Application blanks may be obtained from the secretary of the committee, Katharine DeWitt, 211 Westminster Road, Rochester, N. Y.

ILLINOIS EXAMINATION FOR REGISTRATION

The Illinois State Department of Education and Registration will hold an examination for the registration of nurses, August 8 and 9, 1917, in Chicago. Application blanks may be procured from the department at Springfield, and are due to be filed at least fifteen days prior to date of examination.

ARMY NURSE CORPS

Appointments. Cora A. Dillman, graduate of Fountain Springs Hospital, Fountain Springs, Pa., and post graduate of Municipal Hospital, Philadelphia; Leonora P. Brady, St. Joseph's Hospital, Chicago; Stella Lorie Teague, St. Vincent's Hospital, Birmingham, Ala.; Mary A. Kerutis, Mercy Hospital, Wilkes-Barre, Pa.; Ruth L. Branch, Gordon Keller Memorial Hospital, Tampa, Fla.; Bessie D. Kauffman, and Emma A. Byrne, Mary Jane Gilbert Memorial Sanitarium, Evansville, Ind.; Ruth M. Randall, Buffalo General Hospital, Buffalo, N. Y.; Beatrice Gertrude Clements, Grady Hospital, Atlanta, Ga.; Evelina J. Renaud, Charity Hospital, New Orleans, La.; Ella M. Tindall, St. Francis Hospital, Trenton, N. J.; Olive M. Wyles, Medico-Chirurgical Hospital, Philadelphia, Pa.; Marian C. Johnson, Massachusetts Homeopathic Hospital, Boston; Elizabeth A. Ryan, St. Francis Hospital, Hartford, Connecticut; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C. Sylvia Borst, Tacoma General Hospital, Tacoma, Wash.; Angela V. Hayes, St. Vincent's Hospital, Portland, Ore.; Blanche M. Herron, Wayside Emergency Hospital, Seattle, Wash., and post graduate course at King County Hospital, Seattle, Wash.; Estella A. Devaney, Lebanon Hospital, New York, N. Y., and post graduate course at Los Angeles County Hospital, Los Angeles, Calif.; Ethel Ida Ward, Good Samaritan Hospital, Portland, Ore.; Ida Pearl Owen, Good Samaritan Hospital, Portland, Ore.; Marjorie C. Hoffman, Holy Cross Hospital, Salt Lake City, Utah; assignment to duty at Letterman General Hospital, San Francisco, Calif. Nannie A. Morton, General Hospital, Elizabeth, N. J.; assignment to duty at Plattsburg Barracks, Plattsburg, N. Y.; Goldie Weinberg, Grady Hospital, Atlanta, Ga.; assignment to duty at Fort Sam Houston, (Base Hospital No. 1,) Texas. Katherine F. Crowley, assignment to duty at Camp Hospital, Laredo, Texas. Agnes R. Glen, St. Vincent's Hospital, Norfolk, Va.; Jessie L. Crowe, Wesley Memorial Hospital, Atlanta, Ga.; Mary E. Jackson, Macon City Hospital, Macon, Ga.; assignment to duty at Army and Navy General Hospital, Hot Springs, Arkansas.

Reappointment: Ella Kirkpatrick, Women's Homeopathic Hospital, Philadelphia, Pa.; Mary P. Kelly, graduate of St. Francis Hospital, Hartford, Conn.; assignment to duty at Walter Reed General Hospital, Takoma Park, D. C.

Transfers: To Madison Barracks, Sacket Harbor, N. Y.: Laura C. Heston, Mabel Sessions, Mary A. Lafferty and Mary Rivers McHarry. To Plattsburg Barracks, Plattsburg, N. Y., Katherine C. Magrath as chief nurse and Rose R. Underwood. To Fort Benjamin Harrison, Indianapolis, Ind.: Anna B. Carlson, with assignment to duty as chief nurse; Ruby E. Nichols, Harriett T. Schneider, Crystal A. Parks and Jennie A. Smith. To Fort Snelling, St. Paul, Minn.: Sophy M. Burns, with assignment to duty as chief nurse; Agnes B. Cameron and Eleanor L. Bollman. To Fort Ethan Allen, Vt.: Mabel Berry and Olive J. Burke. To Office of the Attending Surgeon, U. S. Army, Washington, D. C.: Florence Calvert. To Walter Reed General Hospital, Takoma Park, D. C.: Jessie M. Braden, Augusta Aksamit, Olive F. Heath, Frances M. Steele, Evelyn E. Meriol, Minerva A. O'Neale. To Camp Hospital, Laredo, Texas: Lillian J. Ryan, with assignment to duty as chief nurse. To Ellis Island, N. Y.: Edith A. Murry, with assignment to duty as chief nurse, and Mina S. Keenan. To Base Hospital No. 3, Brownsville, Texas: Mary C. Beecroft, with assignment to duty as chief nurse. To Letterman General Hospital, San Francisco, Calif.: Nellie I. Culliton, Henrietta Davidson and Penelope McDermott. To Department Hospital, Honolulu, H. T.: Agnes I. Skerry. To Department Hospital, Manila, P. I.: Stella M. Bailey.

Resignations: Alice E. Duffy, Grace M. Sweitzer, and Nolie C. York.

Discharge: Elizabeth J. Crowley, Jeanette R. Michener, Cecilia A. Brennan, Ruth Knierim, Charlotte M. Wills.

RESERVE NURSES—ARMY NURSE CORPS

Assignments: To Camp Hospital, Douglas, Ariz., from Philadelphia, Pa.: Eulalia Singer, Wilda Singer, Mary Widney McKim, Elizabeth E. Kirby and A. Beulah Alwein. To Base Hospital No. 1, Fort Sam Houston, Texas, from Shreveport, La., Katie E. Sharp; from Wichita Falls, Texas, Beatrice J. Chambers; from Dallas, Texas, Sonora C. Ponder; from Burlington, Iowa, Alice Marquardt; from Fairfield, Iowa, Ellen L. Anderson. To Fort Ethan Allen, Vt.; from Schenectady, N. Y.; Katherine L. Moak, Anjeanette Wager, and Catherine R. Young. To Camp Hospital, Laredo, Texas, from Houston, Texas: Sara Pevoteaux. To Plattsburg Barracks, Plattsburg, N. Y., from Baltimore, Md.: Helen E. Covey and Grace Pearson; from Grafton, W. Va., Caroline V. Brown. To Fort Benjamin Harrison, Indianapolis, Ind., from Philadelphia: Cora S. Swartz, Estelle M. High; from Springfield, Ill., Cora L. Hearne and Cora Hughes; from Hartford, Conn., Jean Cargill. To Letterman General Hospital, San Francisco, Calif., from San Francisco, Calif.: Agnes I. Frolli, (Mrs.) Grace Stetson Hornung, Grace Madden, Nancy Gertrude Blethen, Helen R. Burroughs, Paula Ohlandt, Harriet M. Campbell, Elsie E. Richards, Katherine O'Brien and Jane G. Molloy; from Seattle, Wash., Florence J. Ede. To Fort Snelling, Minnesota, from Powell, Wyo.: Eleanore M. Heasler; from Mt. Vernon, Ill., (Mrs.) Melissa A. Herrick; from Minneapolis, Minn., Agnes M. Krinbring; from Duluth, Minn., Caroline Christine Soderlund and Margaret Mae Shook; from Crookston, Minn. Ida E. Twedten and Hilda K. Twedten.

To United States Army Hospital No. 12 (service in Europe), from Chicago, Ill.: Daisy D. Urch, Bertha M. Alexander, Edith Ayres (Mrs.), Emma Louise Appelgren, Florence Edna Baker, Clara Louise Beehler, Daisy Burcham, Isabelle E. Carruthers, Harriet B. Chapman, Elizabeth T. Cleveland, Rebecca

Cohen, Anna Mae Collins, Ada Luella Crawford, Myrtle Dean, Sarah M. Denel, Bess B. Gambee, Elizabeth Greenwood, Frances B. Hampton, Florence Anne Hinton, Clara E. Hoffman, Louise Hostman, Laura G. Huckleberry, Albina M. E. Jacques, Aileen Jensen, Margaret Bertha Jones, Zella Maude Judy, Ernestine Kandel, Mrs. Carrie Gullickson Krost, Freeda W. Larson, Elizabeth C. Lyon, Emily R. Lyon, Helen W. McDonald, Ethel E. McMillin, Katheryne Marion Mahoney, Emma Matzen, Mrs. Lena Miller, May Morrissey, Edith M. Murray, Belletta Paulson, Ella E. Pawlisch, Lucile Pepoon, Helen T. Pfaff, Frances M. Poole, Margaret Powers, Bessie L. Prouty, Sarah E. Purdum, Alice M. Radcliffe, Minne H. Rettke, Thecla Richter, Clara D. Ruden, Evva A. Silcox, Helen Alice Sparks, Ruth H. Spencer, Nellie M. Stahl, Budy M. Streitmatter, Olive B. Sweet, Mrs. Pearl Weber Thompson, Ellen Thomsen, Grace E. Umberger, Annis H. Van Alstine, Bessie Van Ark, Julia E. Wilson, Helen Burnet Wood.

To United States Army Base Hospital No. 18 (service in Europe), from Johns Hopkins Hospital, Baltimore, Md.: Bessie Baker, Ruth A. E. Adamson, Marian Beal, Berthe C. Beers, Jesse Lee Berry, Annie Barnard, Gertrude H. Bowling, Ruth H. Bridge, I. Gertrude Bunting, Mary E. Bunting, Alice G. Carr, Emma E. Carter, Caroline R. Craigen, Ruth Cushman, Eva S. Dean, Margaret Denniston, Kathryn Ellicott, Helen Mae Erskine, Abigail R. Foley, Amy E. Faulkner, Josephine M. Frazer, Corinne D. French, Neely A. Frierson, Mary A. Goldthwaite, Isabel F. Grant, Maude H. Hall, Elizabeth H. Harlan, Celeste Janvier, Eleanor A. M. Jones, Ethel L. Jones, Nancy F. Keen, Lyda K. King, Miriam E. Knowles, Theresa Kraker, Ruby Inez LaBier, Mary G. Lyman, M. Maye Liphart, May M. McCandless, Agnes E. Meyer, Aline Mergy, Angele R. Millner, Fannie C. Michael, Madeleine Moysey, Eleanor L. Myer, Elizabeth Nelson, Evelyn Oliver, Bessie W. Omohundro, Helen S. Packard, Gladys M. Perot, Marie R. Quigley, Jane A. Ramsey, Agness M. Raymond, Mabel Reed, Ann Rogers, Margaret W. Sayres, Mary Augusta Shipley, Margaret Sinclair, Pauline B. Stock, Olive I. Thompson, Eurith Trax, Laura D. Venable, Bertha E. Weisbrod, and Catherine M. Wright.

To United States Army Base Hospital No. 6 (service in Europe), from Massachusetts General Hospital, Boston, Mass.: Sara E. Parsons, Angeline B. Bagley, Mildred Hyde Banta, Maude G. Barton, Laura M. Beecher, Sarah Brook, Alice M. Buchanan, Catherine F. Carleton, Bernadette Cormier, Florence Colby, Catherine Averill Conrick, Gertrude DeLaney, Lena E. DeRusha, Isabel A. Dewar, Mary A. Diamond, Mary A. Driscoll, Gertrude V. Eastman, Leonor A. Field, Lucy N. Fletcher, Anna H. Gardiner, Hazel R. Gammon, Ella E. Havens, Clara M. Hyson, Flora E. Inglis, Nellie M. Irving, Helen Kathrina Judd, Pergrouhie H. Kavaljian, May Rose Kelley, Frances C. Ladd, Christena J. MacDonald, Hannah McEwan, Margaret Marr, Barbara E. Macleod, Eva W. Marryatt, Glee Marshall, Olga Olsen, Gladys I. Perkins, Edna L. Ricker, Annie Munro Robertson, Mae G. Rodger, Hope Flora Romani, Laura Emily Sanborn, Rosa Shayeib, Alice Maude Townsend, Rosella Travers, Eva Susan Waldron, Mary A. Walsh, Alice M. Wescott, Ruth E. Williams, Josephine Angela Mulville, Helen Thorn Nivison, Mary Towle, Margaret Gibson Reilly, Mary Jane MacKay, Ella M. Rafuse, Dorothy Mary Tarbox, Margaret Matheson, Frances Alberta Morton, Charlotte E. Pitman, Cora McD. Hypes, Anne Louise Lovejoy, Helen Bates Haines, Mary Frances Emery, and Carrie T. Banta.

To United States Army Base Hospital No. 17 (service in Europe), from Harper Hospital, Detroit, Mich.: Emily A. McLaughlin, Laura C. Boeke, Mabel M.

Booth, Maude Belle Carson, Jean M. Clark, Edna June Coldren, Alice M. Creagh, Teresa I. Curley, Susan K. Desk, Alta Myrtle Dierking, Johanne Ericson, Sarah Finlayson, Grace D. Fitch, Florence A. Flynn, Elizabeth Gillespie, Florence C. Hallock, Sarah, L. Halsey, Blanche M. Harrison, Matilda Harris, Allie B. Hartt, L. May Helmer, Katherine M. Hendry, Ethel Henry, Laura J. Henry, Ada Hill, Mary J. Hooley, Lulu E. Howden, Frances Doris Jordan, Olga Kellgrew, Agnes A. Kennedy, Mary A. Kennedy, Ruth M. Knapp, Charlotte G. Light, Catherine Lisa, Myrle Macklem, Melvina M. Malhiot, Janet I. MacDonald, Flora McGregor, Mary A. MacKay, Frances McLean, Minnie Morris, Augusta Nieuwsma, Elizabeth A. O'Neill, Katherine Pellow, Grace E. Quirk, Mabel A. Ragan, Harriet M. Reid, Esther Rubenstein, Alice C. Solon, Bessie B. Spanner, Margaret A. Squire, Marion L. Sweet, Lucile Tenny, Mary Van Domelen, Eleanor J. Wagner, Pearl E. Walton, Wilhelmina L. Weyhing, Bertha L. Woodburn, Mina G. Young, Mary A. Yunker, Jessie McRae, Tessye L. Davidson, Julia Lide, and Mary E. Chayer.

To United States Army Base Hospital No. 21 (service in Europe), from Barnes Hospital, St. Louis, Mo.: Julia C. Stimson, Geneva Farmer, Eunice Holmes, Myrtle J. Naah, Laura E. Rider, Minnie Scott, Genevieve Tetrault, Mary E. Weise, Anna M. Westman, Olive E. Wilcox, Mae Auerbach, Lulu G. Bender, Byrd G. Boehringer, Nellie O. Boothby, Harriet L. Carfrae, Estella D. Claiborne, Flora M. Cleland, Ruth B. Cobb, Jessie H. Collins, Esther A. Cousley, Constance A. Cuppaidge, Frieda Damm, Edith L. Dangerfield, Margaret W. Davison, Anna M. Deuser, Louise C. Dierson, Lena Fabick, May D. File, Hazel A. Flint, Olive Hardy George, Louise Hilligass, Louise Martha Jark, Marie S. Kammeyer, Florence E. Kiefer, Louise Kieninger, Flora Kober, Olga A. Krieger, Bertha Love, Anne R. McCulloch, Ruth Morton, Katherine L. Murphy, Ruth Harris Page, Jeannette Parrish, Martha A. Sander, Mary E. Stebbins, Mary E. Stephenson, Cordelia Ranz, Ola Mae Reed, Florence B. Russell, Emma E. Habenicht, Saidee N. Hausmann, Nellie H. Heinzelman, Mary Ellen Hill, Olive E. Serafini, Ethyl Smiley, Marion A. Spiess, Harriett M. Swift, Nance Taylor, Ruby E. Idle, Nina I. Shelton, Nelle Kuhn, Dolly Belle Schmitt.

To United States Army Base Hospital No. — (service in Europe); Edith R. Bennett, Mary G. Brady, Florence A. Hunt, Margaret G. Laws, Marion I. Looly, Eva Waters, Alva M. Williams, Olive D. Wood, Florence R. Young, Margaret E. Fitzgerald, Margaret M. Gear, Katherine J. Steele, Marie E. Barrett, Katherine Margaret Carey, Catherine Geesler Hoff, Inez E. Johnson, Mary G. N. McPherson, Zelma H. Moore, Josephine T. Ryan, Alma M. Balmer, Charlotte M. Dann, Florence Farrell, Mayme A. Gibson, Mae Shaw, Mary A. Herring, Catherine L. Lambert, Edith L. Meates, Georgina M. B. Taylor, Margaret B. Siegfried, Mary Devine, Gertha A. Robbins, Elsie Robbins, Julia Wegmiller, Elizabeth Robinson, Edna Woolston, Maude Baskin, Anna E. Baskin.

Transfers: To Camp Hospital, Douglas, Ariz.: Elizabeth Marie Kolb, Marie Brammer, Theodosia Burnett, Jessie M. Wales, Josephine G. Buchanan, Margaret H. DeNoyer, Augusta Olson, Mary A. Law, Ada Lund, Catherine M. Dalton, Clara G. Randall. To Walter Reed General Hospital, Takoma Park, D. C.: Mary E. DuPaul. To Base Hospital No. 21 (for service in Europe): Dolly Belle Schmitt. To Base Hospital No. 18 (for service in Europe): Isabel F. Grant.

Relief: Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Sara E. Allen, Lura Bridge, Kathryn F. Crowley, Katherine P. Duella, Mary E. Gorman, Phoebe L. Greer, Harriet P. Hankins,

Alma M. Hanna, Katherine M. Jolliffe, Otilia Noeckel, H. Maude Randall, and Donna L. Sutliff.

Mail for nurses ordered to Europe should be addressed; (Name), Reserve Nurse, Army Nurse Corps, Base Hospital No.——(if number is known), care of Major William J. Lyster, Medical Corps, U. S. Army, Adastral House, Victoria Embankment, S.W., London, England.

A most shocking tragedy occurred on the S. S. *Mongolia* on the afternoon of May 20 during target practice. Mrs. Edith Ayres, graduate of the Illinois Training School for Nurses, Chicago, Ill., and Helen Burnett Wood of the Evanston Hospital, Evanston, Ill., Reserve Nurses, Army Nurse Corps, attached to Base Hospital No. 12, en route to Europe, were accidentally killed by fragments of brass, which struck them, due to the faulty discharge of a gun on the after deck of the steamer. Mrs. Ayres and Miss Wood were not in a position which could be considered dangerous, and it appears that the deplorable accident was caused entirely by some defect in the ammunition used. Emma Matzen, Reserve Nurse, Army Nurse Corps, attached to the same hospital, sustained some injuries which fortunately did not prove to be serious. The vessel returned to port at once with her flag at half mast.

DORA E. THOMPSON

Superintendent, Army Nurse Corps.

HONORS PAID TO HELEN B. WOOD

From Evanston comes an account of the first military funeral given a Red Cross nurse during the present war, so far as we have been informed. On Sunday, May 27, public services were held in the First Presbyterian Church. The procession was headed by the Great Lakes Naval Military Training School band and fifty naval cadets. Following the hearse came the physicians of Evanston, then Evanston nurses in white uniforms and caps, then fifty Red Cross nurses, also in uniform. After a very impressive service, the escort was dismissed, except fifteen nurses who accompanied the family to the cemetery. Miss Wood was a great favorite, beloved by both patients and nurses. Her loss is great.

DEATH OF BERTHA J. GARDNER

It is with heavy hearts that the JOURNAL editors record the death of their associate for four years, Bertha J. Gardner. Miss Gardner had been in failing health for a year, but with a brave desire to be of use as long as her strength lasted, and to avoid a long period of invalidism, she kept steadily at her task, coming daily to the JOURNAL office and performing her duties with utmost faithfulness, until June 14. This very issue of the JOURNAL was partly prepared by her. She died at The Sanitarium, Clifton Springs, on July 1. A further notice will appear in the August JOURNAL, but her associates wish to record here their sense of loss, their affection, and their appreciation of her thorough, faithful work, her brave, unselfish spirit.

OFFICIAL DIRECTORY

The American Journal of Nursing Company. *President*, Clara D. Noyes, R.N., The American Red Cross, Washington, D. C. *Secretary*, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago, Ill. *Editor*, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses' Association.—*President*, Anne W. Goodrich, R.N., Teachers College, Columbia University, New York. *Secretary*, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. *Treasurer*, Mrs. C. V. Twiss, R. N., 419 West 144th Street, New York, N. Y. Annual convention to be held in Cleveland, Ohio, 1918.

The National League of Nursing Education.—*President*, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. *Secretary*, Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md. *Treasurer*, Mary W. McKechnie, R.N., Episcopal Hospital, Philadelphia, Pa. Annual meeting to be held in Cleveland, Ohio, 1918.

The National Organization for Public Health Nursing.—*President*, Mary F. Beard, R.N., 551 Massachusetts Avenue, Boston, Mass. *Secretary*, Ella Phillips Crandall, R.N., 600 Lexington Avenue, New York City. Annual meeting to be held in Cleveland, Ohio, 1918.

National Committee on Red Cross Nursing Service.—*Chairman*, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—*Superintendent*, Dora E. Thompson, R.N., Room 345½ War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—*Superintendent*, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

Isabel Hampton Robb Memorial Fund Committee.—*Chairman*, M. Adelaide Nutting, R.N., Teachers College, New York City. *Treasurer*, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

Relief Fund Committee.—*Chairman*, Elizabeth E. Golding, R.N., 8 West 92d Street, New York, N. Y. *Treasurer*, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y.

Private Duty Section of American Nurses' Association.—*Chairman*, Frances M. Ott, R.N., Morocco, Ind.

Mental Hygiene Section of American Nurses' Association.—*Chairman*, Elnora Thomson, R.N., 157 East Ohio Street, Chicago, Ill.

Legislative Section of American Nurses' Association.—*Chairman*, Anna C. Jammé, R.N., State Board of Health, Sacramento, Calif.

Department of Nursing and Health, Teachers College, New York.—*Director* M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City. *Assistant Professor*, Anne W. Goodrich, R. N., Teachers College, New York City.

Alabama.—*President*, Lemoyne Phares, R.N., Bondurant Sanitarium, Mobile. *Recording Secretary*, Helen MacLean, 2430 Eleventh Avenue, North, Birmingham. *Corresponding Secretary*, DeWitt Dillard, Mobile. *President examining board*, Lemoyne Phares, Mobile. *Secretary*, Helen MacLean, 2430 Eleventh Avenue, North, Birmingham.

Arkansas.—*President*, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock. *Corresponding secretary*, Annie Bremyer, R.N., 1023 Parker Avenue, Argenta. *President examining board*, M. D. Ogden, M.D., Little Rock. *Secretary-treasurer*, Frankie Hutchinson, R.N., 2716 West 6th Street, Little Rock.

California.—*President*, E. T. Van Eman, 336 Loma Drive, Los Angeles. *Secretary*, Mrs. Benjamin Taylor, R.N., 126 Ramsell Street, San Francisco. *Director, Bureau of Registration of Nurses*, Anna C. Jammé, R.N., State Board of Health, Sacramento.

Colorado.—*President*, Mrs. C. A. Black, R.N., 2315 Greenwood Avenue, Pueblo. *Secretary*, Capitola Clymans, St. Luke's Hospital, Denver. *President examining board*, Lettie G. Welch, R.N., Nunn, Weld Co. *Secretary*, Louise Perrin, R.N., State House, Denver.

Connecticut.—*President*, Mary Grace Hille, R.N., 200 Orange Street, New Haven. *Secretary*, Harriet E. Gregory, R.N., 75 Elmwood Ave., Waterbury. *President examining board*, Lauder Sutherland, R.N., Hartford Hospital, Hartford. *Secretary*, R. Inde Albaugh, R.N., Pleasant Valley.

Delaware.—*President*, Anna M. Hook, R.N., 507 West 9th Street, Wilmington. *Corresponding secretary*, Amy Allen, R.N., 2212 Van Buren Street, Wilmington. *President examining board*, Harold L. Springer, M.D., 1013 Washington Street, Wilmington. *Secretary*, Anna M. Hook, R.N., 507 West 9th Street, Wilmington.

District of Columbia.—*President*, Lucy Minnigerode, R.N., Columbia Hospital, Washington, D. C. *Secretary*, Mary Culbertson, R.N., The Victoria, Washington, D. C. *President of examining board*, Sallie F. Melhorn, R.N., 1311 14th Street, N.W., Washington, D. C. *Secretary-treasurer*, Helen W. Gardner, R.N., 1337 K Street, N.W., Washington, D. C.

Florida.—*President* Anna Davids, R.N., McEwan Hospital, Orlando. *Corresponding secretary*, Isabel H. Odiorne, R.N., 419 East Forsyth Street, Jacksonville. *President examining board*, Anna Davids, R.N., McEwan Hospital, Orlando. *Secretary-treasurer*, Thyra L. Williams, R.N., 2015 Avenue D, Miami.

Georgia.—*President*, Henrietta Myers, 218 Bolton Street, East Savannah. *Corresponding secretary*, Eva Higginbotham, Park View Sanitarium, Savannah. *President examining board*, Louise Hazelhurst, Macon. *Secretary and treasurer*, Jane Van de Vrede, 801 Price Street, Savannah.

Idaho.—*President*, Anna Daly, 521 North 6th Street, Boise. *Secretary*, Emma Amack, R.N., St. Luke's Hospital, Boise. *President examining board*, Mrs. Mabel S. Avery, R.N., 313 South 4th Street, Boise. *Secretary-treasurer*, Mariet S. Humphreys, Hospital, Soldiers' Home, Boise.

Illinois.—*President*, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago. *Secretary*, Lucy Last, 1910 Calumet Avenue, Chicago. *President, examining board*, Adelaide Mary Walsh, R.N., 153 E. Chicago Avenue, Chicago. *Secretary and treasurer*, Anna Louise Tittman, R.N., State Capitol, Springfield.

Indiana.—*President*, Edith G. Willis, R.N., Good Samaritan Hospital, Vincennes. *Secretary*, Lora B. Roser, R.N., 770 Hill Street, Wabash. *President examining board*, Mae D. Currie, R.N., 12 Bungalow Park, Indianapolis. *Secretary*, Edna Humphrey, R.N., Crawfordsville.

Iowa.—*President*, Mrs. J. J. Seerley, Burlington. *Corresponding secretary*, Ella I. McDannel, R.N., Bruce more, Cedar Rapids. *President examining board*, W. L. Bierring, M.D., Des Moines. *Secretary*, Guilford H. Summer, M.D., Capitol Building, Des Moines.

Kansas.—*President*, Charline Zeller, R.N., 721 Washington Boulevard, Kansas City, Kansas. *Secretary*, W. Pearl Martin, R.N., 1231 Clay Street, Topeka. *Treasurer*, Kate Williams, R.N., Haven. *President examining board*, H. A. Dykes, M.D., Lebanon. *Secretary-treasurer*, Mayme M. Conklin, R.N., 832 Lincoln Street, Topeka.

Kentucky.—*President*, Anna Flynn, R.N., 108 East Breckenridge Street, Louisville. *Corresponding secretary*, Margaret Hatfield, R.N., 922 South 6th Street, Louisville. *President examining board*, Mary Alexander, R.N., 1312 Hepburn Avenue, Louisville. *Secretary*, Flora E. Keen, R.N., Somerset.

Louisiana.—*President*, Mary C. Gillespie, R.N., 1517 Antonine St., New Orleans. *Secretary*, Mrs. Lydia Breau, 3709 Prytania Street, New Orleans. *President examining board*, J. T. Crebbin, M.D., 1207 Maison Blanche Building, New Orleans. *Secretary*, C. A. Bahn, M.D., 22-24 Cusachs Building, New Orleans.

Maine.—*President*, Edith L. Soule, 68 High Street, Portland. *Corresponding secretary*, Florence M. Wheeler, 216 Vaughan Street, Portland. *President examining board*, J. E. Wadsworth, M.D., Skowhegan. *Secretary-treasurer*, Myrtle E. Taylor, R.N., Lewiston.

Maryland.—*President*, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore. *Secretary*, Mrs. Henrietta Knorr, City Health Department, Tuberculosis Division, Baltimore. *President examining board*, Helen C. Bartlett, R.N., 604 Reservoir Street, Baltimore. *Secretary and treasurer*, Mary Cary Packard, R.N., 1211 Cathedral Street, Baltimore.

Massachusetts.—*President*, Sara E. Parsons, R.N., Massachusetts General Hospital, Boston. *Corresponding secretary*, Mary E. P. Davis, R.N., 21 Walnut Avenue, Norwood. *President examining board*, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls. *Secretary*, Walter P. Bowers, M.D., State House, Boston.

Michigan.—*President*, Ida M. Barrett, R.N., Blodgett Memorial Hospital, Grand Rapids. *Corresponding secretary*, Anna M. Schill, R.N., Hurley Hospital, Flint. *President examining board*, Mrs. Susan Fisher Apted, 40 Ransom Avenue, Grand Rapids. *Secretary*, Mrs. Mary Staines Foy, R.N., Oakland Building, Lansing.

Minnesota.—*President*, Minnie F. Patterson, 1409 Stevens Avenue, Minneapolis. *Secretary*, Louise M. Powell, R.N., University Hospital, Minneapolis. *President examining board*, Ida I. C. Isaacson, R.N., 9th Avenue, South and 8th Street, Minneapolis. *Secretary*, Harriet B. Leach, R.N., 902 South 7th Street, Minneapolis.

Mississippi.—*President*, Mary H. Trigg, R.N., Sanitarium, Greenville. *Secretary*, Mrs. James A. Cameron, Hattiesburg. *President examining board*, Mrs. James A. Cameron, Hattiesburg. *Secretary-treasurer*, Mary H. Trigg, R.N., Sanitarium, Greenville.

Missouri.—*President*, L. Eleanor Keely, St. Luke's Hospital, Kansas City. *Secretary*, Etta L. Gowdy, 1015 East 29th Street, Kansas City. *President examining board*, M. Anna Gillis, R.N., City Hospital, St. Louis. *Secretary-treasurer*, Mrs. Mary E. S. Morrow, R.N., 417 East Main Street, Jefferson City.

Montana.—*President*, Mrs. Iva Cliff Benson, R.N., Fromberg. *Corresponding secretary*, Mary Denny, R.N., 920 Second Avenue, North, Great Falls. *President examining board*, Margaret M. Hughes, R.N., Box 928, Helena. *Secretary-treasurer*, Lydia Van Luvance, St. Peter's Hospital, Helena.

Nebraska.—*President*, Amy Allison, Methodist Hospital, Omaha. *Secretary*, Edith M. Puls, R.N., 2022 North 18th Street, Omaha. *President examining board*, Mary Ruth Swann, R.N., State Hospital, Lincoln. *Secretary-treasurer*, Margaret McGreevy, R.N., Room 408 State House, Lincoln.

New Hampshire.—*President*, Elizabeth Murphy, 4422 North State Street, Concord. *Secretary and treasurer*, Florence M. Knowles, Franklin Hospital, Franklin. *President examining board*, Anna C. Lockerby, Laconia Hospital, Laconia. *Secretary*, Ednah Cameron, R.N., 1 South State Street, Concord.

New Jersey.—*President*, Mary E. Rockhill, R.N., 754 Wright Avenue, Camden. *Secretary*, Annie I. Curry, 113 Essex Avenue, Orange. *Treasurer*, Mary J. Stone, R.N., Hackensack Hospital, Hackensack. *President examining board*, Marietta B. Squire, R.N., 139 North 12th Street, Newark. *Secretary-treasurer*, Jennie M. Shaw, R.N., 139 North 12th Street, Newark.

New York.—*President*, Mrs. Hugh R. Jack, R.N., 201 West 105th Street, New York. *Secretary*, Beatrice M. Bamber, R.N., Harlem Hospital, New York. *President examining board*, Lydia E. Anderson, R.N., 109 Green Avenue, Brooklyn. *Secretary*, Jane E. Hitchcock, R.N., 600 Lexington Avenue, New York.

North Carolina.—*President*, Eugenia Henderson, R.N., Charlotte. *Secretary*, Mrs. Dorothy Hayden, R.N., Greensboro. *President examining board*, Maria P. Allen, R.N., Grace Hospital, Morgantown. *Secretary-treasurer*, Lois A. Toomer, R.N., 123 S. Fourth Street, Wilmington.

North Dakota.—*President*, Ethel E. Stanford, 701 Fourth Street South, Fargo. *Corresponding secretary*, Minnie Traynor, R.N., 509 Sixth Street, Grand Forks. *President examining board*, Jennie Mahoney, R.N., Bismarck Hospital, Bismarck. *Secretary-treasurer*, Mildred Clark, R.N., Devil's Lake General Hospital, Devil's Lake.

Ohio.—*President*, Mary M. Roberts, Dr. Holmes' Hospital, Cincinnati. *Secretary*, Laura R. Logan, Cincinnati General Hospital, Cincinnati. *Chief examiner*, Harriet L. P. Friend, State House, Columbus. *Secretary*, George H. Matson, M.D., State House, Columbus.

Oklahoma.—*President*, Rose Walker, El Reno. *Secretary*, Vena M. Woods, R.N., Baptist Hospital, Muskogee. *President examining board*, Lucy Maguire, R.N., St. Anthony's Hospital, Oklahoma City. *Secretary and treasurer*, Mabel Garrison, R.N., 1701 West Fifteenth Street, Oklahoma City.

Oregon.—*President*, Jane V. Doyle, R.N., 674 Kearney Street, Portland. *Secretary*, Grace E. Forbes, 1029 East Morrison Street, Portland. *President examining board*, Mrs. O. E. Osborne, R.N., 512 Oakdale Avenue, Medford. *Secretary-treasurer*, Jane V. Doyle, R.N., 674 Kearney Street, Portland.

Pennsylvania.—*President*, Susan C. Francis, R.N., Jewish Hospital, Logan Station, Philadelphia. *Secretary-treasurer*, Williamina Duncan, R.N., 322 North Craig Street, Pittsburgh. *President examining board*, William S. Higbee, M.D., 1703 South Broad Street, Philadelphia. *Secretary-treasurer*, Albert E. Blackburn, M.D., 3813 Powelton Avenue, Philadelphia.

Rhode Island.—*President*, Mrs. Harriet P. Churchill, 352 Broad Street, Providence. *Corresponding secretary*, Alida Young, Providence Lying-in Hospital, Providence. *President examining board*, Henry C. Hall, M.D., Butler Hospital, Providence. *Secretary-treasurer*, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket.

South Carolina.—*President*, Mary McKenna, R.N., St. Francis Infirmary, Charleston. *Secretary*, Antonia B. Gibson, 10 Baker Street, Sumter. *Secretary, board of nurse examiners*, A. Earle Booser, M.D., Columbia.

South Dakota.—*President*, Mrs. Elizabeth Dryborough, Rapid City. *Corresponding secretary*, Nellie Card, Rapid City.

Tennessee.—*President*, Lena A. Warner, R.N., 1003 Luttrell Street, Knoxville. *Secretary and treasurer*, Jeannette M. Paulus, 1003 Luttrell Street, Knoxville. *President examining board*, J. D. Brewer, M.D., Newbern. *Secretary*, Nell J. Dougherty, R.N., 408 Vauxhall Apartments, Nashville.

Texas.—*President*, Mrs. Grace Engblad, Houston. *Secretary*, Retta Johnson, R.N., Lavielle Apartments, Houston. *President examining board*, Nellie Knight, R.N., 1314 Lamar Avenue, Houston. *Secretary and treasurer*, Mrs. T. J. Walthall, Physicians and Surgeons Hospital, San Antonio.

Utah.—*President*, Ella Wicklund, Holy Cross Hospital, Salt Lake City. *Secretary*, Ellen Lees, City Board of Health, Salt Lake City. *President examining board*, Zina Johnson, Provo General Hospital, Provo. *Secretary-treasurer*, Ella Wicklund, Holy Cross Hospital, Salt Lake City.

Vermont.—*President*, Flora Landon, 16 Colchester Avenue, Burlington. *Secretary-treasurer*, Florence E. Miller, 49 Park Street, Springfield. *President examining board*, Donly C. Hawley, M.D., Burlington. *Secretary*, Mary E. Schumacher, R.N., Brattleboro Memorial Hospital, Brattleboro.

Virginia.—*President*, Ruth I. Robertson, R.N., St. Luke's Hospital, Richmond. *Secretary*, Winifred W. Atkinson, Grace Hospital, Richmond. *President examining board*, Elizabeth H. Webb, R.N., 705 West Grace Street, Richmond. *Secretary-treasurer*, Julia Mellichamp, R.N., Pulaski.

Washington.—*President*, Katherine Major, R.N., King County Hospital, Seattle. *Secretary*, Bell Fraser, R.N., 2107 Warren Avenue, Seattle. *President examining board*, Anna T. Phillips, R.N., 311 South Fourth Street, Tacoma. *Secretary*, Ella A. Wilkinson, R.N., St. Luke's Hospital, Bellingham.

West Virginia.—*President*, Mrs. Susan Cooke, R.N., Lock Box 457, Wheeling. Home address, Bridgeport, Ohio. *Secretary-treasurer*, Mrs. R. J. Bullard, R.N., Lock Box 457, Wheeling. Home address, 510 Catawba Street, Martin's Ferry, Ohio. *President examining board*, Dr. J. McLee Sites, Martinsburg. *Secretary*, Dr. Charles M. Scott, Bluefield.

Wisconsin.—*President*, Mary Good, R.N., County Hospital, Wauwatosa. *Secretary*, Bertha Schultz, R.N., 284 27th Street, Milwaukee. *Treasurer*, Margaret Pakenham, R.N., 230 Biddle Street, Milwaukee. *President committee of examiners*, Mathild H. Krueger, R.N., Neenah. *Secretary*, Anna J. Haswell, R.N., 1610 Jefferson Street, Madison.

Wyoming.—*President*, Jennie McKenzie, R.N., St. John's Hospital, Cheyenne. *Secretary*, Marie L. Fernandez, R.N., Private Hospital, Cheyenne. *President examining board*, Mrs. James E. Mills, R.N., Rock Springs. *Secretary*, Martha A. Converse, R.N., Casper.

ospital,
sident
coma.

eling.
R.N.,
Ferry,
etary,

atosa.
Mar-
tes of
swell,

yenno.
sident
lartha